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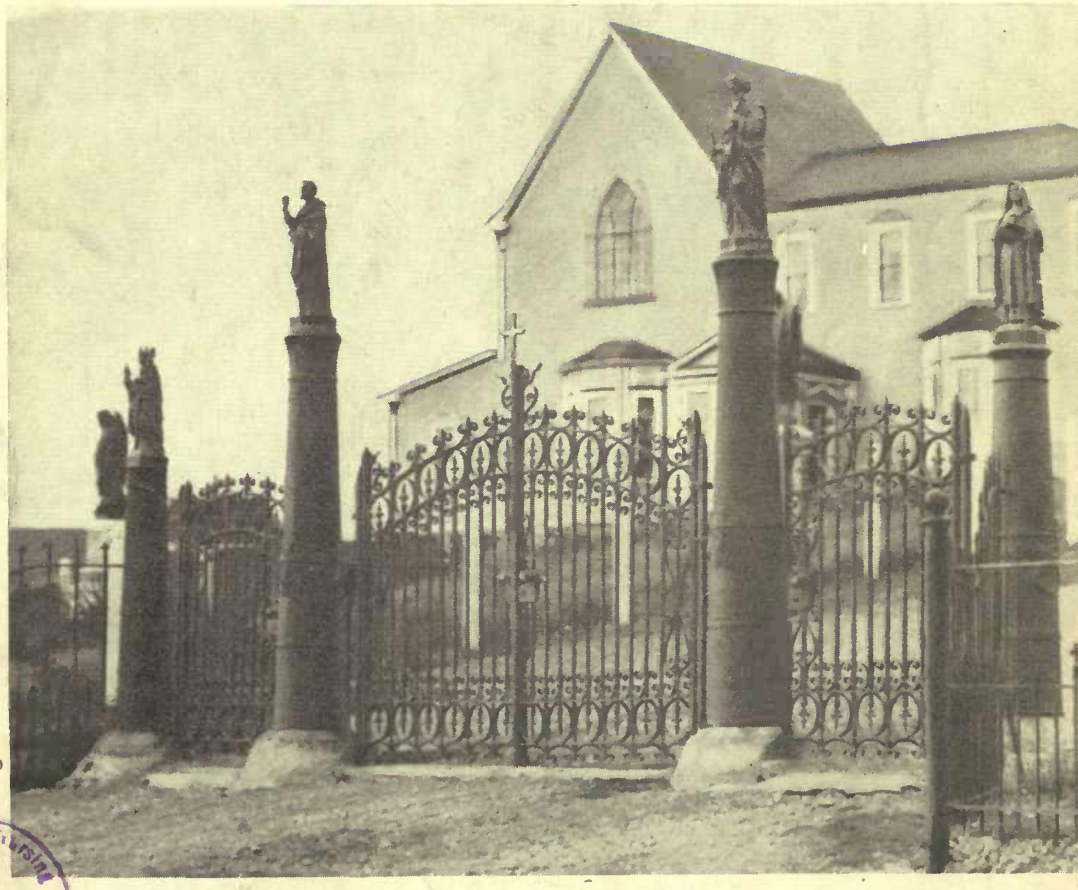
JANUARY
1940

THE CANADIAN NURSE



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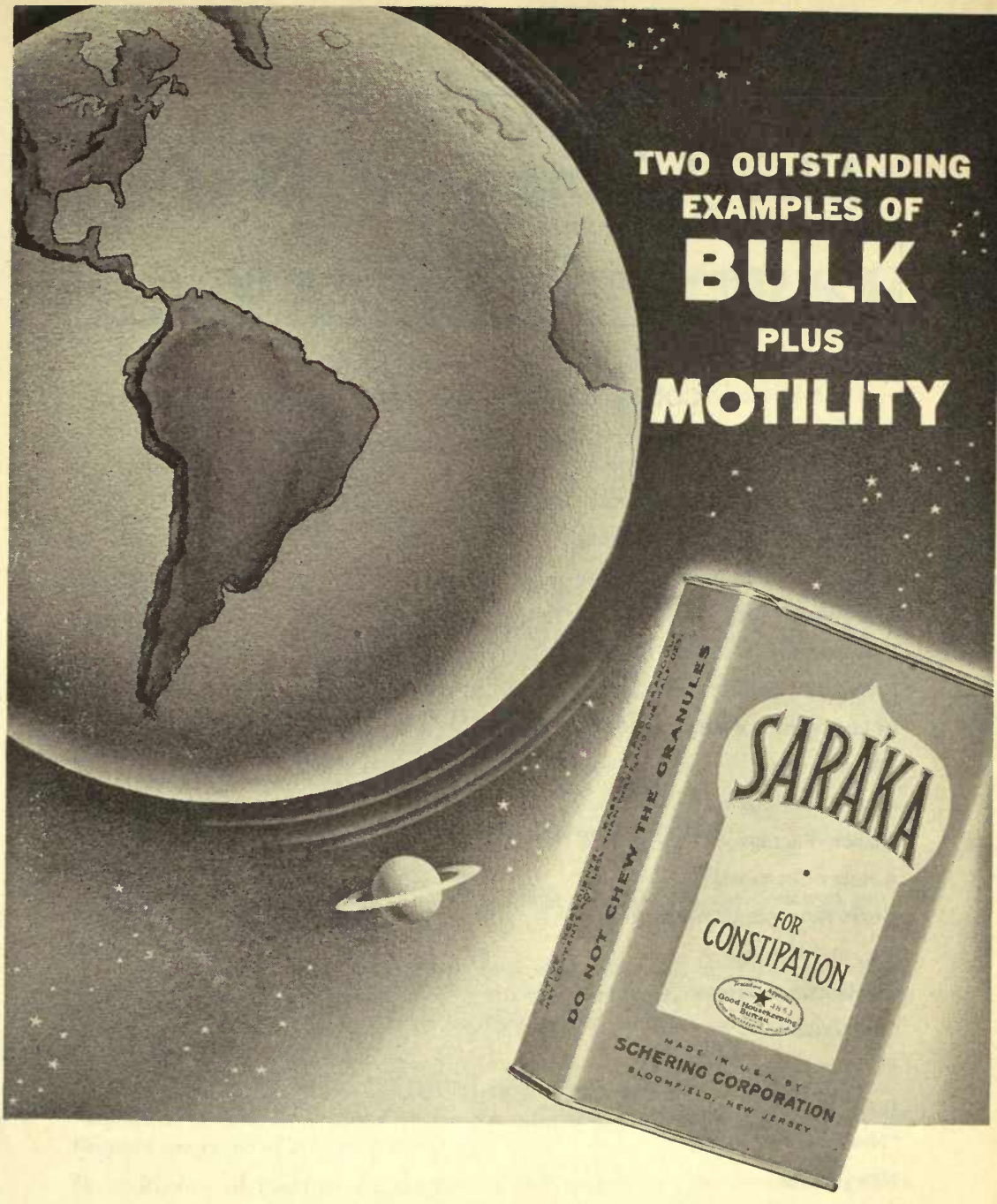

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The
CANADIAN NURSE

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-SIX *NUMBER ONE*

JANUARY, 1940

1940!

A Greeting for the New Year

GRACE M. FAIRLEY

President, The Canadian Nurses Association

A Happy New Year! — how kind Nature was when she bestowed on us that great gift of Hope.

Never was it more necessary to keep alive our Faith — the conviction of things not seen. With faith we stand on the threshold of another year — a fervent prayer in our hearts and on our lips that Peace may come to our Empire and this war-torn world.

You remember Barrie's delightful rectorial address at St. Andrew's University when he said: *How comely a thing is affliction borne cheerfully, which is not beyond the reach of the humblest of us.*

Because of this national tragedy — our tragedy — the New Year offers such opportunity of service to us all. Let us meet it with hope, courage, and the will to make the greatest possible contribution to nursing.

We have much to feel happy about, we hope to meet at Calgary in June to renew professional friendships, to improve professional standards, to give assistance to professional organizations. This is a great privilege, and surely a reason for saying with gratitude and affection, *A Happy New Year!*

A Letter to the Prime Minister of Canada

Prior to the meeting of the Executive Committee of the Canadian Nurses Association which was held in Vancouver, British Columbia, on December 2, 1939, the President obtained the approval of the Provincial Associations of Registered Nurses to offering to the Prime Minister of Canada the services of the Canadian Nurses Association in any way possible during the present crisis. Shortly after that executive committee meeting the following letter was addressed to the Prime Minister:

To the Right Honourable
W. L. Mackenzie King,
Prime Minister of Canada.

Sir:

At a meeting of the Executive of the Canadian Nurses Association held in Vancouver on December 2 (the first to be called since the declaration of war), I was asked to convey to you the assurance from this organization of its loyal support to the Federal Government in any way possible at this time of crisis and distress in the history of the Dominion.

The Canadian Nurses Association, which is a federation of the nine provinces and represents 15,600 registered nurses in the Dominion, is giving serious thought and consideration to the maintenance of all health services as well as to the preparation of nurses for overseas duty. We therefore hope that you will utilize the services of this Association in any matter relating to nursing or to community health, realizing that this declaration of loyalty is made at the request of the nine Provincial Nursing Associations of Canada.

Yours faithfully,

GRACE M. FAIRLEY,
President,
The Canadian Nurses Association.

A Gracious Response

In response to this expression of loyalty and devotion the Prime Minister replied as follows:

Miss Grace M. Fairley,
President,
Canadian Nurses Association.

Dear Madam:

The Prime Minister has asked me to acknowledge and thank you warmly for your letter of December 7th, assuring the Government of the loyal support of the Canadian Nurses Association at this time of crisis and distress in the history of Canada.

Mr. King wishes me to let you know, on behalf of himself and his colleagues, that this declaration of loyalty is a source of great strength and pleasure to him at this time.

Yours faithfully,

A. R. L. HEENEY,
Private Secretary.

An Eight-Hour Day for Patients

BEATRICE L. ELLIS

"Possibly when shorter hours for hospital nurses are obtained, we shall alter the traditional 'on duty' hour of 7 a.m., not only for the nurses' benefit, but, which is of greater importance, in consideration of the patients who, in many instances, are wakened too early." This remark, made at a Hospital Convention, aroused some comment and led to inquiry into the present practice in the nursing world regarding the routine for night nurses, including the hours of sleep which this provides for patients, the nurses' hours and their special morning duties. Through the courtesy of the Department of Hospital Service of the Canadian Medical Association, and of Miss D. C. Bridges, resident tutor, Florence Nightingale International House, information was summarized from thirty-two Canadian hospitals, two English hospitals and from reports of eight international students concerning their particular hospitals.

It is of interest to remember that one of the first persons who expressed a conviction that patients were wakened too early was the Matron of the Middlesex Hospital, in London, England, in an article which appeared in "The Lancet", in 1929. The present night schedule at this hospital is:

6 a.m., Only four-hourly treatment and four-hourly charts are to be done.

6.30 a.m., Women's ward — sanitary round, care to backs of helpless patients, and mouth washes given.

6.45 a.m., Men's ward — sanitary round, care to backs of helpless patients, and mouth washes given.

No patient is to be wakened before breakfast, except for treatment ordered, and necessary sanitary requirements.

7 a.m. Lights on, and breakfast.

7.25 a.m. Day nurses come on duty and do all washings, charts, etc.

8 a.m. Night nurses report, and go off duty.

10 a.m. Ward is now tidy and is open to House Officers, etc.

Internationally, reports from eight representative hospitals in Australia, China, Denmark, Finland, Holland, India, Sweden and the United States reveal the following practice regarding the night routine for public wards:

Lights out:
At 8 p.m. in 5 hospitals
At 9 p.m. in 1 hospital
At 9.30 p.m. in 1 hospital
At 10 p.m. in 1 hospital

Hours when patients are awakened:
From 4 a.m. to 6.30 a.m. in 1 hospital
At 5 a.m. in 4 hospitals
At 6 a.m. in 2 hospitals
From 6.30 a.m. to 7 a.m. in 1 hospital

Night nurses report for duty:
At 7 p.m. in 1 hospital
At 7.50 p.m. in 1 hospital
At 8 p.m. in 2 hospitals
At 9.30 p.m. to 11.30 p.m. in 4 hospitals.
In the last mentioned category it is evident that eight-hour schedules obtain.

The majority state that night nurses are off duty at 7 a.m., although three hospitals (two of which have the eight-hour system) report that the night nurses are off duty at 7.30 a.m.

Day nurses report for duty:
At 6.30 a.m. in 1 hospital
At 7 a.m. in 6 hospitals
At 7.30 a.m. in 1 hospital

The morning duties of night nurses vary exceedingly and range from none

at all (except necessary operative preparations in two hospitals) to temperatures; sanitary rounds; washing patients' faces and hands; some dressings; 4 a.m. tea; 5 a.m. breakfast; and other nourishments. The majority include sanitary rounds and washing patients. Where numerous duties are required, the night staffs are presumably larger.

From twenty-one Canadian hospitals, replying to the questionnaire issued by the Department of Hospital Service, the following information was obtained:

Lights are out in the public wards:
At 8.30 p.m. in 2 hospitals
At 9 p.m. in 14 hospitals
At 9.30 p.m. in 3 hospitals
At 9.50 p.m. in 1 hospital
At 10.30 p.m. in 1 hospital

Hours when public patients are awakened:
At 4.30 a.m. in 1 hospital
At 5 a.m. in 5 hospitals
At 5.30 a.m. in 4 hospitals
At 6 a.m. in 8 hospitals
At 6.45 a.m. in 1 hospital
At 7 a.m. in 2 hospitals
At 7.15 a.m. in 1 hospital

Private patients are usually awakened from 7 a.m. to 7.30 a.m. except in two Scandinavian hospitals where the time extends from 7 a.m. to 9 a.m.

Day nurses report for duty:
At 6.55 a.m. in 1 hospital
At 7 a.m. in 17 hospitals
At 7.15 a.m. in 1 hospital
At 7.30 a.m. in 3 hospitals.

Night nurses report for duty:
At 6.55 p.m. in 1 hospital
At 7 p.m. in 16 hospitals
At 7.05 p.m. in 1 hospital
At 7.30 in 2 hospitals
At 11 p.m. in 1 hospital
At 11.30 p.m. in 1 hospital.
The hospitals in the two latter categories maintain an eight-hour schedule.

Night nurses go off duty:
At 7 a.m. in 16 hospitals
At 7.20 a.m. in 2 hospitals
At 7.30 a.m. in 4 hospitals

Three of these hospitals have an eight-hour schedule, one employs a graduate staff, one has a group of graduate nurses on duty from 3 p.m. until 11.30 p.m.

In hospitals associated with medical schools, where staff rounds commence at 9 a.m., it appears necessary to serve breakfast at 7 or 7.30 a.m. Whether or not these patients obtain sufficient rest must be determined by the medical profession. It is felt by some that with wards quieting early, wakening correspondingly early is not detrimental and also that the majority of these patients are accustomed to retiring and arising early and desire early breakfast after the 5 o'clock supper the previous day.

The time for wakening patients will largely be determined by each hospital's routine and by the number of nurses, orderlies, and other workers who are available for night duty. It has been found, however, that without increasing the staff, but by re-arrangement of the work, much more consideration can be given to patients, allowing those who wish to do so, to sleep at least until 6 a.m. or even in some instances until 6.30. For instance, on large wards of thirty-eight patients, the day and night nurses were permitted to take one-half of the "b.i.d. temperatures" between the hours of six and seven in order to facilitate the work of the staff who subsequently came on duty to relieve them. Although it is obviously fallacious to chart observations made at such an early hour as "eight o'clock temperatures", there is a moral, namely that systematic analysis of actual practices frequently leads to reform.

Formerly, the night nurses and or-

derlies were held responsible for having patients washed before 7 a.m., the nurses always caring for the helpless ones. Now, this service for the seriously ill and for those unable to feed themselves is the responsibility of the day staff, the head nurse leaving a list of these to be checked in the morning with the night nurse. The preparation for breakfast of private and semi-private patients is included in the day nurses' duties. The collection of twenty-four hour specimens of urine is now concluded at 8 a.m. instead of 7 a.m. thus placing the responsibility for preparing laboratory specimens on a member of the day staff.

And what of the nurses? Is it essential that we continue to have the day of hospital nursing staffs, including students, commence at 7 a.m.? Might we transfer some of the nursing load to the late afternoon and early evening by correspondingly adjusting our nursing staff, considering, of course, our lecture schedules, or provide for the overlapping of the nursing personnel at necessary periods?

The most convincing argument for further consideration of the subject should come from the patients and the following observation of a "Militant Sufferer", published in *The American Journal of Nursing*, forcefully expresses their opinion: "Every morning between five and six, as all patients are wakened —I marvel at the hospital schedule. Does it still persist in all hospitals—this "Five a.m. Scandal"? It seems barbaric to me, and entirely contradictory to 'the patient always comes first' theory. Is there any real reason why things couldn't be managed to let a sick person sleep? I am getting sufficiently enraged now to start a crusade for an eight-hour day for patients."

Public Health in Newfoundland

SYRETHA SQUIRES, R.N.

Before the reader can grasp the significance of what the new plan for public health nursing can mean and how much progress can be expected in a given time, she must be acquainted with the geographical position of Newfoundland and of the conditions under which the majority of the people live. Newfoundland is an island off the northeast coast of North America and separated from it by the Gulf of St. Lawrence. The population, now about 300,000, is for the most part scattered along more than four thousand miles of coastline. Small villages and coves, with populations of less than a hundred people, are separated from one another by distances of twenty or more miles. St. John's, the capital city, has a population of 40,000, and along the railroad, which runs east to west across the Island from St. John's to Port aux Basques, there are several prosperous "paper" towns and also a few mining centres which provide earning power for their respective areas. Elsewhere on the Island the people make a precarious living by fishing and, as previously men-

tioned, the villages are widely separated from each other. Their only connection with the outside world is a weekly or fortnightly visit from a coastal steamer which brings them mail and supplies. The scenery is beautiful, wild and rugged, and there is a strange fascination about the treacherous rocks and bold headlands, moaning foghorns and screaming gulls.

The Department of Public Health and Welfare is responsible for the public health and maintenance of hospitals, the care of the indigent sick and the distribution of relief. The scattered nature of the population makes it extremely difficult and proportionately costly to maintain efficiency and satisfaction in any public service.

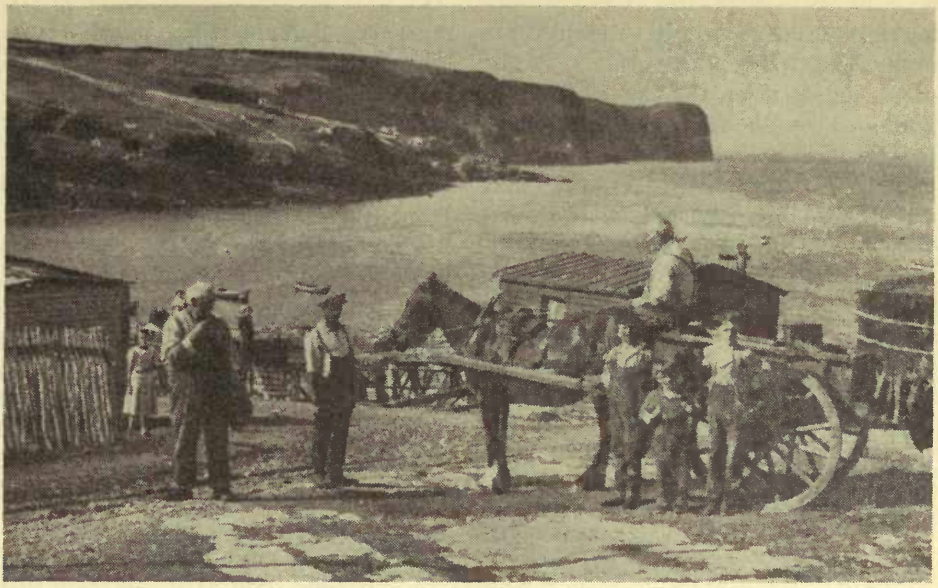
It was in November, 1937, that the Department decided to set up a Public Health Nursing Service. There already was an excellent District Nursing Service, partially staffed by nurse-midwives from England, and in charge of a certified nurse-midwife. It was apparent, however, that more emphasis was needed on the teaching of health principles to people in their homes, especially in relation to the prevention of tuberculosis. This disease is a major problem in Newfoundland and is the highest single cause of death. The present set-up comprises four services: anti-tuberculosis service; communicable disease control; school health programme; Junior Red Cross.

Anti-Tuberculosis Service: As tuberculosis has been, is now, and will for some time continue to be a major health problem in Newfoundland, the set-up of this service was, of necessity, paramount. It was tackled by dividing the city into three districts—east, west and central—and placing a nurse in each. The names of suspicious or positive tuberculous cases were obtained from the doctors at the general clinic, which is under the direction of the Department of Public Health and Welfare. Private physicians also sent in the names of cases known to them. As the home is the place where tuberculosis both begins and spreads, the home became the point of concentration in this work. Cases were visited and contacts were examined and classified. Recommendations made by the doctors were explained and emphasized during the visits.

Another potential source of new cases is the patient who is discharged from the Sanatorium for supervision at home. Fortunately there is a very close co-operation between the Sanatorium and the Public Health Nursing Service, which lightens our work considerably. An extension is now being made to this institution which will give more bed-capacity, but the hope of providing institutional care for all cases is still remote. It will be many years, if ever, before that happy state of public health will be achieved when we shall be looking for patients instead of vainly seeking accommodation for them.

School children are being made the focus of a special search for tuberculosis. By means of finding cases in the schools it has been possible to discover older patients also suffering from the disease. Teachers-in-training undergo an X-ray examination and cases have been found, some far advanced, others minimal, and Sanatorium care is arranged for them when possible.

Communicable Disease Control: Communicable disease control consists of trying to trace the source of all communicable diseases that appear; the taking of cultures; tuberculin testing; vaccination; administration of toxoid; venereal disease control. As there is an excellent Fever Hospital, with the most modern equipment, there is very little bedside nursing of communicable disease cases. All dismissals from this hospital



A typical Newfoundland fishing village where the hardy people earn their living almost entirely from the products of the sea.

Courtesy of the Newfoundland Tourist Development Board.

are followed up to ensure proper care and rest. A toxoid service was opened recently, in which the nurse visits children who are six months old and encourages the parents to accept this preventive measure. Venereal disease control consists of four weekly clinics and some follow-up work in the homes.

School Health Programme: This is perhaps the best organized service as the work had been going on for some time before the Department of Public Health took it over. There are 10,000 pupils in St. John's and the aim is to examine all beginners, but because all the older children had not previously been examined and therefore needed attention it has taken a little time to get the system working. At present beginners are examined by the school doctor, and also other children with defects, especially those brought to the doctor's attention by the nurse or the teacher. The adolescent group is carefully watched for symptoms of tuberculosis. An important part of the public health nursing programme is the follow-up of defects. The Snellen E. Symbol Chart is used for vision tests, and the Politzer Acoumeter for hearing tests.

Junior Red Cross: The work of the Junior Red Cross is proving invaluable as time goes on, especially in the more isolated sections of the country. There are 1,007 branches and 33,670 members. The Junior Red Cross organizer recently attended The Canadian Red Cross convention at Toronto and the excellent co-operation and advice of Miss Jean E. Browne, National Director of the Junior Red Cross in Canada, is often sought.

Junior Red Cross is the spearhead of public health and the effect of its teach-

ing is noticeable already. Recently, in one school where there was a dilapidated outside toilet, the childen were so impressed by the necessity for proper facilities that they got together and put on a Junior Red Cross concert. From the funds thus obtained, wood was bought and the older boys built a sanitary toilet that is the envy of all nearby schools.

New Projects: A travelling health unit has been set up and already the caravan has moved out to its first area. Attention is also being given to the training of nurses in public health principles. Because public health teaching and health education are recent innovations in this country, much spadework has to be done, and an endeavour made to keep up with the present trend. In a recent article, someone referred to "shoe-leather epidemiology," and there has been plenty of this in Newfoundland. We look for advice to more experienced people, working in other places, and suggestions from Canadian nurses are welcome. If this public health nursing infant is to thrive and grow as it should, it must be fed with the best of public health food.

EARLY DIAGNOSIS OF PREGNANCY

There have been many techniques introduced for the laboratory diagnosis of pregnancy, but the first satisfactory method was that of Ascheim and Zondek. Unlike most new technical methods, the Ascheim Zondek Test rapidly came into general use, and now after almost ten years' experience in all parts of the world of its use, ample evidence has been obtained which fully confirms the early promise of this valuable technique.

The Ascheim Zondek reaction is extraordinarily accurate, records of many thousand tests show an error of less than 1½ per cent., which compares very favourably with other well-established laboratory methods of diagnosis. This small margin of error must, however, not be entirely dismissed; it means in the average 15 wrong reports in every thousand cases. Positive results may be obtained as early as 14 days after intercourse, though in general the test may be said to be reliable from one month after conception until delivery.

The principle of the test depends upon the increased excretion in the urine of a hormone from the anterior lobe of the pituitary gland. Though this hormone is always present in urine in small amounts, it is only in pregnancy that it is in sufficient amount to bring about the typical changes in the test animals. In the Ascheim Zondek Reaction immature female mice are used. When they are injected with a urine containing increased amounts of this hormone, (as is the case in pregnancy) typical changes occur in the ovaries in a few days; with the Friedman Test, rabbits are used in the place of mice.

Satisfactory results very largely depend upon proper collection of specimens, and though positive results may be obtained from specimens collected at any time of the day, it is highly desirable to send morning specimens of urine. Though no strict dietary preparation of the patient is necessary, overnight restriction of the patient's fluid intake is a help in raising the concentration of the hormone, though this step need not be pushed to the discomfort of the patient. Whenever possible drugs should also be withheld for the same time, when excreted in the urine some are liable to be toxic to the test animals.

The Care of the Cardiac Child

B. Orlo MacInnes

Heart disease now occupies the dishonourable position of first place among the causes of death. Most cases of heart disease, particularly in young adults, date back to childhood and it has been estimated that 90 percent of organic heart disease can be attributed to rheumatic fever. The medical care and investigation now being carried on in the Rheumatism Pavilion of the Children's Memorial Hospital of Montreal is therefore of supreme importance. Associated in the medical direction of this service are six physicians who for the five years of its existence, have been especially interested in the care of children suffering from rheumatic infection and its various manifestations, mainly carditis and chorea.

The Pavilion is situated high up on the side of Mount Royal and therefore commands a magnificent view. A small hospital in itself, the Pavilion is isolated from the distractions of the active wards and its atmosphere is quiet and enjoyable for both patients and nurses. It is a rectangular stucco building, with a large balcony looking toward the south, and swinging windows which completely surround the ward. The interior is very bright and cheerful and the beds are painted a soft green. The other furnishings and the walls are cream-colour, which, with the brightly coloured bed-jackets of the children, create a very happy atmosphere.

The nursing staff consists of a charge nurse, one permanent general duty nurse, one post-graduate student and a student affiliate. The service provides most valuable experience for teachers and students alike. The administration of the ward is directed by the charge nurse while the teaching programme is arranged and carried on by the medical teaching supervisor and the charge nurse. The supervisor is a member of the teaching staff of the Hospital. Associated with the nursing staff, are the workers from the occupational therapy department, the recreational therapy department, the physiotherapy department, and the school teacher. Since the activities of all these workers must be adapted to the condition of the patient, consultations with the charge nurse are necessary daily.

The patients, thirty in number, range in age from two to fourteen years. Since the ward was first opened, it has been filled to capacity, probably because the incidence of rheumatic infection is much higher in temperate climates such as that of Montreal. On admission, the children are usually acutely ill and are put to bed betwen flannel blankets. During the first few days in hospital, various routine tests are performed, including urinalysis, throat culture, sedimentation rate, Wasserman test, blood count, Mantoux test, Schick and Dick tests, X-ray of the heart, and electro-cardiogram. The elevated temperature, joint pains, and general malaise soon respond to the administration of salicylates, but the subsidence of these symptoms does not mean that the disease is overcome nor preclude the possibility of a resulting carditis.

The activity of the disease is determined by the reading of the blood sedimentation rate. This test, done routinely every two weeks, is the rate at which the blood cells settle in the plasma in a given amount of citrated blood. The sedimentation of the cells is more rapid in the presence of systemic infection than it is in health, and the measure-

ment is of great value in determining the progress of infection, and for diagnosis and prognosis. The rate tends to subside rapidly in uncomplicated cases of rheumatic fever and much more slowly in cases associated with carditis. The findings associated with this laboratory test have a direct and practical application to the nursing care of these children. A high sedimentation rate means that play and other activities must be suspended and the child be kept completely at rest.

Carditis, which is the most serious manifestation of rheumatic infection, does not appear with dramatic suddenness but may have an insidious onset and continue with increasing severity during the entire course of the illness. When used in relation to rheumatic infection, the term carditis signifies the acquired inflammation of either pericardium, endocardium or myocardium. If the toxic process involves all three, a pan-carditis is the result. Unfortunately, no means has yet been found by which the activities of the causative agent can be controlled. Varying degrees of heart damage may occur and routine care is therefore directed toward "rest," thus relieving the heart of any unnecessary strain.

To persuade a lively youngster to keep quiet is no easy task and, in order to make repose less irksome, the periods are divided. In the early morning and late afternoon there must be "rest periods" of one hour each, as well as a "sleeping period" which lasts from 12 noon until 3 p.m. In addition, "relaxation periods" lasting for 15 minutes each, are required even during the hours of activity. When in the midst of a game the nurse says: "Now, children, it is a quarter to ten", it is that nurse's hope that they will stop playing and lie passive until the relaxation period of fifteen minutes is over. Many children are active because of sheer inability to keep quiet and the purpose of these periods is to give them an opportunity to acquire the habit of repose. At night, all children get nine hours of uninterrupted sleep. This is the ideal amount of rest, and to maintain it, requires unfailing tact and patience on the part of the nurse.

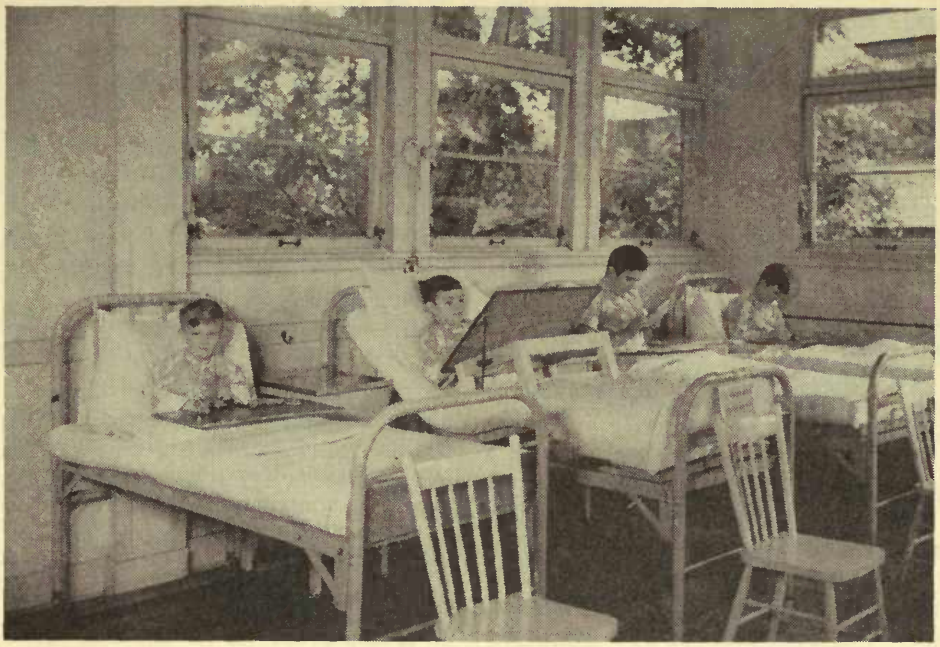
Since the average stay in hospital is from four to six months, various nursing problems are encountered during the waking hours. The child must be taught to be passive, but must also be kept happy and amused. He must learn the seriousness of the condition without being made over-anxious, and by means of supervised play and work must be taught to enjoy physical, mental, and emotional rest. The play and work hours are carefully graded as to time and amount of exercise, and the children are divided into three categories:

1. Those on complete bed rest; this means as near absolute rest as is possible for a child who is mentally normal and not feeling ill.

2. Those who must still remain in bed, but are allowed to sit up supported by specially constructed back-rests with attached arm rests, and with boards across the arms to support the work or game.

3. Those who have so far progressed toward recovery that they are allowed up for lengthening periods during the day.

Much of this graded bed activity is in the hands of the various workers mentioned above. The occupational therapist with her knitting, sewing, leatherwork, lamp shades and aeroplane modelling, not only provides an interest but also an occupation that may be the means of some future financial return. Then there is the recreational therapist with her quiet group games, stories, songs and play. The general education of the children is not neglected but is



Special foot boards are made to fit under the end of the mattress, sufficiently high to keep the covers off the feet. Note the adjustable bed tables which may be tilted at the desired angle. The arrangement of the swinging windows is particularly attractive.

under the direction of a capable teacher who makes daily visits to the Pavilion.

Each child is considered individually, and the amount of exercise prescribed is in ratio to the falling sedimentation rate. When this has remained normal for several readings, standard graded exercises are ordered, which are given by the physiotherapy department. These are gradually increased until the child is allowed to get up and prepared as far as possible for normal activity.

One attack of rheumatic fever predisposes to a second, and, since the initial illness is often preceded by colds or repeated tonsillar and adenoid infections, it is thought that these are the main introductory diseases, and that if they could be eliminated, the incidence of rheumatic infection would be materially lowered. To this end, the children are examined by the otolaryngologist, and given care when needed. All known foci of infection, such as dental caries and sinus infections, are also attended to.

Because these children are very susceptible to changeable weather and sudden alterations of temperature, the regulation of temperature and humidity is a real therapeutic measure. Special heating apparatus is installed in the basement of the Pavilion which maintains an average of 45 to 55 percent relative humidity, and a constant temperature of 70 to 72 degrees.

The nursing care during the acute

stage of the disease is entirely subordinated to the maintenance of the rest periods. Baths and all other measures are fitted in as seems best in the circumstances. The principal points may be summarized as follows:

The patient must be kept flat in bed except when dyspnoea is present.

He must be kept warm and should therefore be placed between flannelette sheets and should wear a flannelette nightgown and bed-jacket.

The temperature should be taken per rectum every four hours when the patient is awake.

If the temperature is high, fruit juices and nourishing fluids should be forced.

The pulse is recorded every four hours during the daytime but since the alert (waking) pulse is influenced by emotional disturbance and body activity, the sleeping pulse rate is thought to be a more accurate indication of actual heart impairment. This is, therefore, carefully recorded twice nightly.

The nurse's own movements must be quiet and the child must be taught to remain passive.

When the acute stage of the disease is over, the chronic stage begins and the care of the patient must now be modified along the following lines.

The schedule of rest periods is unaltered but activity is adjusted in accordance with his needs.

Exercise is ordered according to the ability of the heart to tolerate it. The sedimentation rate and pulse rates are used as a guide in this connection.

Temperature, pulse, and respiration are recorded twice daily and the "sleeping" pulse is observed twice during the night.

The weight is recorded weekly and the diet is carefully regulated.

Routine medication includes cod liver oil with orange juice.

During the period that the child is confined to bed, efforts are made to prevent foot-drop by means of foot boards and sand bags.

Having received the necessary care in hospital, the child is discharged from four to six weeks after all signs of active disease have ceased. By this time the sedimentation rate and pulse rate are normal, the child has gained considerably in weight and the cardiac lesion is compatible with an active life. Prior to discharge the social service worker investigates home conditions and if these are not satisfactory, further convalescent care is arranged for at the Julius Richardson Convalescent Home in Chateauguay. All patients return periodically to the special cardiac clinic in the out-patient department for a check-up and examination by the same group of doctors who followed the case in hospital. The social service department keeps in touch with all out-door cases, and the home conditions and progress are reported upon.

The etiology and pathology of rheumatic infection are obscure, and a great deal of research has been done by the attending physicians at the Children's Memorial Hospital. Reports of their observations are published from time to time, and show the vast amount of work which has been done in an attempt to provide scientific material upon which to base a final judgment.

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Facts and Fancies about Food

D. S. McEwan, M.D.

In considering the topic of diet in this age, one is confronted with a bewildering array of material calculated to influence our thoughts and actions. When we consider all the food fads and fancies that are being foisted on the gullible public by faddists and quacks, we hardly feel safe at the table. Watch the bill boards, check the food advertisements in your magazines and daily paper, and listen to your favourite radio programme and you will realize the magnitude and the "big business" of food fads.

Let me differentiate between these two groups — I consider a faddist one who believes in his ideas and tries to force his beliefs on others. A quack, on the other hand, has no personal belief in his ideas but propagates his beliefs for profit. Food messiahs all over the world peddle their products to malcontents and neurotics, and even to gullible intelligentsia, for we all have a tendency if a new symptom develops to look back on our last meal for the cause. Like Grandpa, we are inclined to say: "It must of been something I et." Very few diseases are caused or cured by diet alone and one of the greatest living English doctors has said: "To take no thought over what you eat is better than to be continually fussing about it. To be healthy, be moderate in all things — even in being moderate."

Here are some of the fads recently resurrected from the bottom of the dietary bone-heap:

"Keep on the Alkaline side."
"Food incompatibility."
"Intestinal toxaemia."
"Diets for Catarrh."

The intestinal stasis and constipation racket advises such things as bran roughage and whole wheat products. Roughage is necessary for an ostrich, but often harmful to man. Consider the effect of persistent roughage in the diet in cases of constipation caused by an ulcer, or an area of narrowing, or irritability of the bowel resulting in spasm. Another common cry is to eliminate poisons by the use of laxatives made from vegetables and fresh fruits and their extracts. In practically all these preparations the materials advertised in large letters are inert, but some purgative substance has been added.

We are all acquainted with overstatements such as "an apple a day keeps the doctor away", or "take yeast for a skin you hate to touch". There is also a lot of truth in a statement recently made that vitamins are over-emphasized, over-sold and under-vitamized. We have been led to believe that it is vitally important to our health whether we order home-made bread, apple-bread, raisin-bread, or reducing bread. Years ago the art of making bread was a home achievement and the maidens of the time demonstrated to their swains that they could use flour, rather than powder, as an extra inducement.

Another common health fad is exemplified in the vegetarian who lives on vegetables, fruit and milk. This diet is bulky and low in calories and it has been shown experimentally that animals omitting meat from their diet usually become anaemic and are not as alert. A vegetarian has been defined as a man full of wind and self-righteousness. When we hear of a new food craze or are advised about a diet likely to keep us healthy and to promote longevity,

we should think of the following poem:

Methuselah ate what he found on his plate
And never as people do now
Did he note the amount of the calory count
He ate it because it was chow.
He wasn't disturbed as at dinner he sat
Destroying a roast or a pie
To think it was lacking in granular fat
Or a couple of vitamins shy.
He carefully chewed every species of food
Untroubled by worries or fears,
Lest his health might be hurt
By some fancy dessert,
And he lived over nine hundred years.

A few general principles should be kept in mind as a basis. Water is probably the most important ingredient in our diet. We lose on an average of 2500 cc. of water daily which must be made up some way or other. Water represents approximately 70 percent of our body weight. It regulates osmosis, carries off waste products, controls body heat, and is necessary in practically every chemical reaction that goes on in the body.

Of our common foods, fresh vegetables and fruits are 90 percent water, meats are about 70 percent water, and bread about 40 percent. Our appetite, and the delicate mechanism nature has given us, tends to keep us balanced in fluids, balances the acid and alkaline ratio and also the relative proportions of carbohydrates, proteins, and fat. Aside from this, all we require are small amounts of minerals, especially calcium, phosphorus, iron, sodium, potassium, sulphur, chlorine, iodine, and aluminum, and small amounts of the vitamins. In some conditions we require extra calories, for example in long continued fever, hyper-thyroidism, and undernourished conditions. In other conditions we require less total calories than normal, for example in obesity, cardiac decompensation, and hypertension. A high mineral diet is called for in rickets, tetany, oedema, and dysthyroidism.

Again, the vitamins are probably all important in the regulation of growth. High vitamin diet is indicated in prolonged wasting diseases such as tuberculosis, typhoid fever, and chronic anaemia. They are also important in pregnancy, lactation, malnutrition, and certain skin diseases. They are required by patients who are on a restricted diet over a long period of time, as in peptic ulcer.

Vitamin A is found mainly in butter, cod liver oil, egg yolk, prunes, milk, carrots, and the leafy vegetables. It is destroyed by oxidation, by heat and by the metallic salts. It is stored in the body, especially in the liver, which means that this vitamin does not have to be taken every day. A deficiency of Vitamin A causes changes in the epithelium, especially the mucosa, and an increased tendency to infections in the respiratory or urinary tract, and is responsible for xerophthalmia and night blindness. An index as to whether or not a person is receiving sufficient Vitamin A can be obtained by the use of an instrument which tests the acuity of vision in dim light.

Vitamin B (1) is found mostly in cereals, yeast, wheat germ, nuts, fruits, leafy and root vegetables, and milk. It is also available in the crystalline form. It is easily destroyed by heat, especially in the presence of alkalines. It is not stored in the body and deficiency decreases the capacity of the central nervous system to use oxygen. It is possible that Vitamin B is a factor in anorexia and in peptic ulcer. It has been found that large doses will stop weight loss in hyperthyroidism. One-half to one ounce of cereal germ, or dried brewer's yeast, is sufficient for the average in-

dividual, but a child or a pregnant or lactating mother requires more.

Vitamin C is found mainly in the citrus fruits, tomatoes, bananas, vegetables, and liver. It is also available in the crystalline form. It is destroyed by oxidation and heat, but there is an ample quantity in the average diet. A deficiency seems to affect the inter-cellular tissue and produce capillary hemorrhages and scurvy. It is thought also to have some influence on the formation of cavities in teeth.

Vitamin D is found mainly in cod liver oil, egg yolk, liver, butter, and cream. Most foods are low in Vitamin D. It is stable to heat and oxidation and is probably the only vitamin in which an overdose is possible. It is difficult to arrive at a standard, but in the meantime 3 drams of a good brand of cod liver oil daily is considered an adequate dose. A deficiency results in rickets, delayed ossification in the epiphyses, and delayed union. In the adult, a deficiency affects bone and teeth.

Vitamin E is found mainly in fresh vegetables. It is stable to heat and oxygen and is destroyed by iron salts or any substance oxidizing the fat it is carried in. It acts essentially on glandular tissue, especially the gonads and pituitary. A deficiency results in sterility and habitual abortion. The average diet is adequate.

Vitamin G is found mainly in cereals, wheat germ, yeast, meat, milk, vegetables and fruits. It is also present in egg-white and liver. It is slowly destroyed by heat, is stored in the body, and the average diet is adequate. A deficiency results in such conditions as pellagra, dermatitis and deficient growth and it is thought to have some effect on the formation of cataracts.

Vitamin K has been recently discovered and controls the prothrombin in the blood and promotes blood clotting, especially in cases of long-continued jaundice. It is known that other vitamins exist but they have not been properly identified as yet.

The basis of our normal diet is made up of protein, carbohydrate, and fat. Protein is a complex substance made up of carbon, hydrogen, and oxygen with nitrogen. There are also traces of sulphur and phosphorus. It is the body's only source of nitrogen and almost the only vehicle for sulphur. It is dissipated in body building and energy. An average diet should contain 1 gram or more per kilo of body weight.

Carbohydrates are a main supply of energy and a common ingredient of our diet because they are safe and cheap. Carbohydrates break down into glucose which is carried to the tissues. Any excess is stored as glycogen in the liver and tissues. Excess carbohydrates may also be concentrated and stored as fat. Fats produce concentrated energy and are the main vehicle of vitamins A. D. and E. Excess fat changes to acetone, therefore should be avoided by diabetics.

Many inorganic salts are necessary for the various body function. Calcium and phosphorus (with the vitamins and parathyroids) regulate bone formation, heart beat, coagulation of blood, etc. We require between one and two grams of calcium daily. This is mostly obtained from milk and the leafy vegetables. Copper aids the absorption of iron and is usually found with it. Iron is important in the formation of hemoglobin, the average requirement is 15 mg. daily, found especially in red meats, egg-yolk, and green vegetables. Iodine is necessary in the formation of thyroxin, 5 mg. a year would be sufficient if it were all absorbed. Magnesium is found especially in fruits; a deficiency causes capillary dilation, irritability, convulsions and tetany. Sodium, obtained mostly from sodium chloride, is an important

regulator of fluid interchange. Other necessary organic salts are manganese, potassium, sulphur, and a trace of aluminum.

In many diseased conditions, diet is an important adjunct to other forms of treatment. For instance, in chronic gall bladder disease the general regimen should be a low fat, low cholestrol diet. The stomach should not be overloaded and this can usually be accomplished by avoiding fluids with meals. As there is usually associated disease of the pancreas, the more concentrated carbohydrates should be limited.

Exercise in the open air should be taken whenever possible, as well as deep breathing. Ample fluids should be given between meals. The food should be well chewed and the patient should rest after meals. In any condition in which acidity is present, it is important to force fluids and carbohydrates and to limit the fat intake.

In allergic conditions, elimination diets should be tried. Start the patient out on foods known to be innocuous and add one new article of food to the diet every second or third day. If an allergic reaction occurs, suspect one of the last foods added.

In pernicious anaemia a high protein, high purine diet is advisable. The fats should be limited to 70 grams or less, with some restriction of sodium chloride. In hyper-tension, arterio-sclerosis, or cardiac decompensation, the first essential is to reduce the patient's weight. If there are cardiac symptoms, salt should be restricted. If oedema is present reduce the fluids. Coffee, tea and condiments need not be prohibited but should be used in moderation.

In acute nephritis, a bland diet should be given for two weeks and then gradually increased to full diet, omitting spices and salt. In chronic interstitial nephritis, protein is probably not as damaging to the kidney as was previously believed. In the dietary management of kidney cases it is probably better to consider the symptoms rather than the diagnosis. For instance, if the specific gravity of the urine is high give bland fluids. If oedema is present and is acute, restrict the fluids, salt, and protein. If chronic oedema is present, restrict salt and fluids but give adequate proteins to prevent anemia and malnutrition. If uremia threatens, close attention should be paid to the acid base balance: also blood chlorides should be maintained at their proper level.

It will be realized that a complete survey of diet in disease would cover many volumes, but it is hoped that a few of the guiding principles will be helpful.

THE LION AND THE NURSE

While Victorian Order nurses are prepared to face most emergencies, their training makes no provision for encounters with wild beasts, so it is not surprising that a veteran member of the Order should lose command of the situation on meeting a monstrous lion, face to face, in the course of duty. Called to minister to a sick woman in a Verdun home, the nurse found it necessary to go to the cellar for articles required in the treatment. A growl at her elbow first startled her. Directed toward the spot from which it came, the beam

of her flashlight revealed a huge lion seated within a yard of her, its eyes expressing disapproval.

Her screams brought members of the household to the rescue. They explained that a circus animal trainer was boarding there and had been given permission to keep his star performer in the cellar. Apologies were offered for failure to warn her, coupled with assurance that the animal was so docile that he wouldn't raise a paw unless someone stepped on his tail in the dark. The nurse is only grateful that her flashlight did not reveal a mouse.

— "*The Forum*"

Psychiatry and the Basic Course

LORNA HORWOOD

To those of us who have learned something of the knowledge, skills and attitudes concerning psychiatric nursing the question is not "why should this branch of nursing be included in the basic course?"—but rather "why have we not recognized its importance sooner?" To us the advantages of such a course can scarcely be over-estimated.

Much is said about nursing the patient as an individual. This cannot be done adequately if one has a knowledge of the physical symptoms only. Without understanding what mental health is, a nurse will fail to appreciate the mental aspect of any illness. She will consequently not make allowances for the emotional disturbances and changes in personality of her physically ill patient. There is no field of nursing in which the question of mental health does not present a problem,—whether it be a minor maladjustment, a temporary delirium or a more deep-seated condition. The fundamental objective of a course in psychiatric nursing is to help the student recognize the close correlation between physical and mental health and between physical and mental illness. An affiliating student recently included in her essay an illustration of this point:

I have learned how closely physical illness is related to mental illness. I remember nursing a patient who had a hysterectomy. At the time I thought she was very inconsiderate of the nurses. She did not trouble herself to be polite and demanded every possible attention. Now I realize that while she was so ill physically, she had also developed a slight psychosis and she was not acting in the way she would normally act. If I had this case to look after again I am sure I would be able to do it much better.

This illustration brings out the mental aspect of what was primarily a physical illness. There is another consideration equally important. Not only may physical illness be cause for mental illness; but on the other hand, mental stress and emotional disturbances may definitely bring about physical signs of ill-health. We all know how an emotional upset may cause fatigue, loss of appetite, indigestion, headache or inability to sleep. Similarly such a difficulty as unemployment, and the worries resulting from it, may in itself be sufficient reason for the development of such symptoms as loss of weight, digestive disturbances, constipation, increased blood pressure and even enlargement of the heart, or a kidney condition. There is a trend in the field of medicine to consider mental strain and emotional disturbances as etiological factors, the relief of which might be sufficient to effect the cure of actual physical illness.

Nurses, because of their intimate contact with patients can do much to assist in this line of endeavour.

It is recognized that every nurse should aid in the field of preventive medicine. Therefore, it is imperative that she should understand the laws of mental health and the symptoms of mental illness so that she may be prepared to assist in the preservation of mental health and the prevention of mental illness. Not only may she learn the early symptoms and predisposing causes but she will also acquire a sympathetic interest in mental illness. By so doing she will think of patients in a psychiatric hospital as sick people. She will become familiar with modern terminology, with the work of the hospital, and the facilities of treatment. Hence she will be prepared to reassure a person, whose relative requires hospitalization, or to advise a mother, whose child is presenting a behaviour problem, to consult a psychiatrist.

A knowledge of psychiatric nursing will enable a nurse to care intelligently for any mentally ill patient whether he be excited, depressed, stuporous, agitated or whatever his condition may be. Special instruction is given in psychiatry, psychiatric nursing including hydrotherapy, mental hygiene, neurosphysiology and occupational therapy. Experience is provided in such special departments as mental health, gynaecological, special treatment and dental clinics, occupational therapy department and the various wards. The student learns that the matter of correlation between mental and physical illness must apply equally in a hospital for the mentally ill as in one for the physically ill. She learns about various scientific treatments. These include malaria therapy for general paresis, metrazol and insulin shock treatment for schizophrenia and other psychosis, hydrotherapy and rectal narcosis for disturbed patients, and so forth. With regard to treatment it is apparent from the first impressions of student nurses that they learn not only from what they see but from what they expect and do *not* see. I will illustrate this with a few comments made by student nurses shortly after they had begun their affiliation:

> Fears and anticipations filled my heart when I learned I was to have such an opportunity, but my fears have been dispelled and my anticipations somewhat changed and partly fulfilled. I expected to find most of the patients in straight jackets, restraining straps and padded cells,—rather than up and caring for themselves. The most outstanding of my impressions was that concerning the place that occupational therapy seems to have in relation to the patient. There is a place for everyone who is able to be taught and the apparent benefit it has upon such an individual, educating, leading, directing and encouraging him, helps to fit him for a place in community life. The orderly conduct, the quietness and the attention, manifested by the patients on Sunday morning at Church Service was amazing. Never had I thought that such a Service could be carried out, giving evidence of the individuality of the patients in a hospital for the treatment of mental disease, and the necessity, as well as for those who are physically ill, of consideration, thoughtfulness, understanding, sympathy and training in mental health.

From this outline we arrive at the following conclusions regarding the objectives of an affiliation course in psychiatric nursing:

1. That student nurses be given an understanding of the correlation between mental and physical health and between mental and physical illness.
2. That they be made acquainted with

the public health aspect regarding mental illness.

3. That they become prepared to nurse any patient more intelligently, whether the main symptoms be those of mental or physical illness.

There is yet a fourth objective if such a course is not to fall short of its possibilities. That objective is to give to the student a better understanding of human behaviour in general and of her own personality in particular.

In Line with the Times

It is encouraging to know, in these difficult times, that the General Meeting of the Canadian Nurses Association is to be held in the Province of Alberta. It will do us all good to get a long breath of the invigorating western air that blows across the foothills, and through the streets of Calgary. It will strengthen our souls to look towards the far horizon where the snowy peaks of the Rockies are flushed with rose at dawn and sunset.

Only those who have experienced a Western welcome know how warm and generous it can be. By way of proof, we offer the following letter from the President of the Alberta Association of Registered Nurses:

Dear Fellow Nurses:

With the New Year, Canadian nurses are no doubt forecasting plans to attend the Biennial Meeting of the Canadian Nurses Association, which is to be held in the Province of Alberta from June 24 to 29. It will soon be two years since at Halifax I had the very happy privilege of extending, for the Alberta Association of Registered Nurses, an invitation to Canadian nurses to convene with us at Banff, Alberta, in 1940. In the short space of time that has elapsed everything has changed. The British Empire is at War!

After hearing the expression of opinion from groups of nurses regarding

KATE S. BRIGHTY

elaborate gatherings at such a time as this, and feeling confident that the same attitude would be shared by all, a change of plans more consistent with the stress of circumstances was considered, and a recommendation was sent to the Executive Committee of the Canadian Nurses Association asking that the place of meeting be changed from Banff to Calgary. Those who like the West, and look forward to staying longer in our mountain resorts, will find ample opportunities and good facilities for an excellent holiday.

Alberta nurses again extend their invitation to the Canadian Nurses Association, and look forward to cordially welcoming nurses from all parts of Canada at the Hotel Palliser in Calgary, from June 24 to 29, under the British slogan, "Business as usual."

KATE SHAW BRIGHTY,
President,
Alberta Association of Registered Nurses.

Reader's Guide

The keynote of this new volume of the *Journal* is struck by the President of the Canadian Nurses Association, ***Miss Grace M. Fairley,*** in her New Year's message of encouragement and cheer.

As announced in *Notes from the National Office*, the clans are to gather in Calgary instead of in Banff and the president of the Alberta Association of Registered Nurses, ***Miss Kate S. Brighty,*** extends a true Western greeting, thoroughly "in line with the times".

The bond between the members of the British Commonwealth of Nations is drawn very close these days. ***Miss Syretha Squires,*** superintendent of the Public Health Nursing Service, gives us a vivid account of her work in Newfoundland. The striking picture on the cover of the *Journal* shows the famous "Battery Gate", in which ancient cannons serve as supports for the statues of the Saints.

Miss B. Orlo MacInnes is the nurse-in-charge of the Rheumatism Pavilion at the Children's Memorial Hospital in Montreal. Important research work is being done in this service and Miss MacInnes sheds new light on modern methods of treating children suffering from rheumatic infections.

We hear a lot about the eight-hour day for nurses, but ***Miss Beatrice L. Ellis*** suggests that its benefits ought to be extended to patients. Miss Ellis is the principal of the School for Nurses at the Toronto Western Hospital.

During the past few years, emphasis has been laid upon the importance of the psychic aspects of disease. At the annual meeting of the Registered Nurses Association of Ontario, ***Miss Lorna Horwood,*** superintendent of nurses at the Ontario Hospital, London, made the strong appeal for the inclusion of psychiatric nursing in the basic course which appears in this issue.

We are indebted to Miss Theresa Greville, chairman of the Private Duty Section of the Manitoba Association of Registered Nurses, for sending us the delightful and instructive address given by ***Dr. D. S. McEwan*** at a meeting of the Section. Dr. McEwan is the Medical Director of St. Boniface Hospital, and certainly seasons his erudition with wit.

The manifold activities of the provincial units of the Canadian Nurses Association are summarized in *Notes from the National Office.*

A Long Step Forward

At the graduation exercises of the School of Nursing, University of Toronto, which took place recently, certificates and diplomas were awarded to 88 students. Of this number the following received the double diploma in general nursing and public health nursing: Elizabeth Adams, Adele Campbell, Georgina Gastle, Eleanor Jones, Marion Kent, Elizabeth Petrie, Ruth Priddle, Beverly Rogers, Frances Taylor, Betty Thom.

Seventy-eight nurses who had successfully completed either the one-year course in teaching and supervision in schools of nursing, or the one-year general course in public health nursing, or a year of special studies, were awarded certificates. In this large group were representatives from Ontario, Quebec, Nova Scotia, Saskatchewan, Alberta, New Zealand, Panama, Venezuela and Portugal. In her report, the director, Miss Kathleen Russell, stated that the past year had been marked by growth and development of various kinds. Excerpts from her address follow:

The special objective has been to consolidate, to strengthen and to refine the necessarily rough beginnings of the first five years, during which time the whole pattern of the School was being thrown quickly into shape. In these respects there has been satisfactory progress. A school such as this is the pivotal point for the educational experience which is called a training in nursing, but *only* the pivotal point. For the working out of the various courses given here—longer and shorter—the walls of the schools have to be extended widely, far enough indeed to embrace the hospital wards and the community services where the day by day training takes place. So the school proper is a very extensive and complex institution.

In this connection it is interesting to note that the school has a close connection with nursing throughout the whole of Ontario — in fact a double connection. Not only do students come here for postgraduate work from other nursing schools all over the Province but we, in turn send students far and wide for practical experience. In the hospitals and the visiting nursing associations and the health departments of Toronto and of many other towns and districts, and in remote Red Cross Outposts, these students spend certain weeks working under careful supervisors or instructors, and thus to take their first steps in the transition from the theory of school to the practice of their profession.

In the past year there has been growth also in the number of students and in the variety of work being offered. At present the enrolment of full-time (as distinguished from occasional) students is almost three times the number of those that were registered when the school opened six years ago. The new courses are those of advanced study particularly in preparation for administrative work in various branches of nursing. Until very recently, Canadian nurses wanting to pursue these special studies have gone abroad, particularly to the United States, for this purpose. Now with the resources that are available in Toronto, this school should be able to meet much of this demand and we are glad that a larger share is coming to it. A number of students enrolling for this special work come from abroad. Fellowship and scholarship funds and government subsidies are making it possible for the nursing profession to take this long step forward in matters of professional education.

This young school has outstripped its resources in every kind: staff, building, equipment, organized teaching fields, all are inadequate. One material deficiency is rather alarmingly evident, namely the inadequacy of the school building which will prevent further growth of the school until more room is provided. The need is so pressing that the Alumnae Association has

started a campaign toward new buildings. The realization of this objective may seem very remote at present, but the wholehearted and active sympathy and support of the graduates is a constant source of strength and encouragement. Already many a rough path is being made smooth by their efforts. Although our words of acknowledgment and gratitude are inadequate, nevertheless they are most sincere and full of appreciation.

While this state of war is a matter of the gravest moment for every citizen of the country, for nurses there is a further professional significance, and for the members of this school there is just now an added poignancy, especially at a celebration such as this. Somewhere in Poland, somewhere in Austria, somewhere in Czecho-Slovakia, somewhere in France are, or were, the homes of nurses who have come to Toronto, have worked for, and carried away, exactly the same certificate as those being given out tonight, and have left their names on the rolls of the Alumnae Association of which we have just spoken. We wonder how many of these nurses are living tonight. It is a sad task to throw a shadow over the joyousness of a day such as this, but the shadow is here and cannot be evaded. The only way it can be made bearable is to face it squarely, accept all that it demands from each one personally, and to start, each one, to carry her own full share of the war burden with complete willingness."

In extending congratulations to the new graduates, the Rev. J. R. P. Sclater stressed the value in these trying times of having work to do which was essentially worth while. He referred to an ancient meaning of the word "nurse" — to nourish —, and spoke also of the meaning of the term in forestry — "a tree planted windward of young and fresh growths to protect them." Here, Dr. Sclater said, you had the negative and positive aspects of nursing defined —to defend from that which destroys, and to supply that which builds up.

Following the presentation of diplomas, the President, Dr. H. J. Cody, added his congratulations and welcomed the graduates into the widely diversified academic family of the University of Toronto. He expressed gratification that the work so well done in the School had received recognition in the honouring of its Director last summer when King's College, Halifax, had conferred upon her the honorary degree of Doctor of Civil Law. — D. M. P.

SHADOW FACTORY

I am working at a "shadow factory" which makes aero-engines. It is less than two years old, very clean and up to date, and employs 4,000 men and boys and 18 girls. The girls are engaged in etching, for all components are marked with a number, the date, and other particulars. Most of the men work alternate days and nights, changing over every two weeks.

The casing of the engines is made of magnesium, and, if great care is not taken in the process of turning and milling this metal, the turnings will be set on fire. The turnings also cause many cuts and abrasions which if left untreated will soon give rise to septic fingers. The men will always report an accident due to magnesium because when this work was in its infancy there were several serious cases of septic hands through neglecting to report injuries.

The men from the plating shop are examined by the nurse twice a week. So far we have only had one chronic ulcer to treat, but we have had several cases of nasal irritation and nasal polypi. This

is due to the acid in the plating liquid. The factory doctor also examines the men every second week and all men engaged in working in oil, paraffin oil, suds, and a liquid called peroline are examined weekly for dermatitis of the arms and hands. We have had very little dermatitis to cope with. This I put down to the fact that we have been taking precautionary measures and order treatment as soon as we find a man developing any spots or oil irritation. Also whenever possible we ask the foreman in charge to give the man a change of work for a week or so

The men are finding it very trying to work under the black-out conditions for it means they work in artificial light all the time.

There are two of us women nurses engaged during the day, and one male trained nurse on at night working from 8 p.m. to 7.30 a.m. We two take it in turn to work from 7.30 a.m. to 5 p.m. one day and from 10.30 a.m to 8 p.m. another day. This means the surgery is never left without a trained nurse. Of course the hours are longer now than in peace-time, but we are hoping to have a second surgery when the new extension is completed, which will naturally mean that more nurses will be employed.

"Nursing Times"

A Happy Coincidence

By a happy coincidence, this issue of the *Journal* not only contains an article on public health in Newfoundland but also the news of an interesting appointment in the hospital field. Miss E. Bell Rogers has accepted the position of superintendent of nurses in The General Hospital, St. John's, and begins her new duties this month. An extensive building programme is in progress and the hospital will soon have accommodation for three hundred patients. A new nurses residence, which also houses the school of nursing, has just been completed.

Miss Rogers possesses excellent qualifications for her new task. Educated in Ontario, she taught in both urban and rural schools before entering the School of Nursing of the Royal Victoria Hospital, Montreal. Subsequently she undertook post-graduate work in teaching and supervision at the School for Graduate Nurses McGill University, grad-

ELIZABETH B. ROGERS

uating with marked distinction. She then became a member of the teaching staff of the Royal Victoria Hospital and, since 1934, has been the director of the teaching department of the School of Nursing of the Ottawa Civic Hospital.

Miss Rogers is keenly interested in the work of nursing organizations and has held office in the Alumnae Association of her own School. Recently she was elected chairman of the Nursing Education Section of the Registered Nurses Association of Ontario. However, her interests are by no means confined to nursing. She enjoys outdoor life in summer and curling is her favourite winter sport. She has travelled extensively in Britain and on the continent and is proud that, by attending all the general meetings held by the Canadian Nurses Association since 1930, she has spanned Canada from coast to coast. The good wishes of her colleagues follow Miss Rogers to Newfoundland and the success of her new undertaking is confidently predicted.

OVERSEAS NURSING SISTERS ASSOCIATION

The Calgary Branch, O.N.S.A., has formed a group to do war work under the Canadian Red Cross Society. The nurses of the city are holding themselves responsible for the making of dressings. The annual tea for the Branch was held on Armistice Day when about thirty nurses gathered for a social hour.

Miss Florence G. Mills, a member for the past nineteen years of the staff of the Central Alberta Sanatorium, has retired and gone to Edmonton to spend a well earned leisure. Miss Mills went overseas in 1917 and was one of the passengers on the torpedoed hospital ship, "Araguaya". She saw service at Moore Barracks, St. Cloud, and Orpington. She was recently the guest of honour at a garden party given by the patients and staff of the Central Alberta Sanatorium, where many friends gathered to say farewell to "a grand nurse, a loveable lady, and a fine friend."

NOT A FISHY BUSINESS

Supplies of cod liver oil for Canada will probably be curtailed as a result of the war according to Dominion government officials and this turns the spotlight on emulsion of cod liver oil. Being four times more easily digested than plain oil, the emulsion accomplishes the same beneficial results without requiring so much of the raw material.

Just as milk is Nature's perfect emulsion of butterfat, so medical science has been able to make a perfect emulsion of plain cod liver oil, breaking up the fat globules into millions of very tiny particles, thereby succeeding in doing part of the work normally undertaken by the digestive system when plain oil is taken. It seems that digestion of the emulsion starts as soon as it enters the stomach. With plain cod liver oil, digestion does not start until the oil has entered the intestines.

Emulsification, it appears, is important not only because it results in greater digestibility—it also makes cod liver oil, a smelly, fishy business very unpopular with little Johnny and Mary—much more palatable. For our extra intake of the important Vitamins A and D, scientists say we can rely on modern emulsion of cod liver oil and this may become important if supplies of the plain oil are rationed down.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

General Meeting

The Twentieth General Meeting of the Canadian Nurses Association will be held in the Hotel Palliser, Calgary, June 24-29, 1940. This change from Banff to Calgary was made by the Executive Committee of the Canadian Nurses Association in meeting on December 2, 1939, upon recommendation from the Council of the Alberta Association of Registered Nurses. With this recommendation, which was submitted with regret, the Council, on behalf of the nurses of Alberta, reaffirmed the pleasure it would be for them to have the National Organization meet in that Province.

Provincial Associations

Business arising from the meeting of the Executive Committee will be summarized for these Notes in February. Since, however, copies of the interim reports from the Provincial Associations of Registered Nurses are sent direct to National Office, a summary of those reports can be made herewith:

The Registered Nurses Association of British Columbia have arranged to assist the Civilian Protection Committee by preparing lists of non-registered graduate nurses ready to serve in any capacity if called upon by the chairman of this committee. This activity is additional to the listing of names, standing, and zoning of nurses enrolled under the Joint Enrolment Plan of the Canadian Red Cross Society and the Canadian Nurses Association. Arrangements are that registered nurses enrolled for emergency service will be called first, then, as necessary, to be assisted by voluntary groups of graduate nurses.

Letters stressing social and public health aspects of nursing education, as indicated in the report of the Public Health Section annual meeting, were forwarded to schools of nursing in the Province and to the inspector of hospitals. Replies show that an effort is being made to use whatever social service and public health organizations are available—in some cases by affiliation, in others by lectures to student nurses.

The Manitoba Association of Registered Nurses sponsored a course in laboratory technique for nurses, given under the direction of the pathologist of the Manitoba Medical College. Twenty-three nurses enrolled for this course which opened on November 20, and covers sixty hours, given in two-hour periods, four evenings a week.

In May 1939, a council, consisting of representatives from the schools of nursing, the Department of Health and Public Welfare, and the schools of nursing adviser, was appointed to consider the whole matter of health and community aspects of nursing education for third year students as suggested in "A Proposed Curriculum for Schools of Nursing in Canada." A qualified instructor was engaged to give a series of twenty lectures. The students and several head nurses from the seven schools of nursing in Winnipeg have been divided into two central groups, each

group meeting once a week. In addition to lectures, the students are assigned to the various health and social agencies for visits of observation and in turn give reports and demonstrations to the entire group. This is proving an interesting experiment.

At a recent meeting of the Association, the Deputy Minister of Health discussed "Apparent trends in the care of the sick". Twenty-one municipal doctors are now employed in the Province of Manitoba, this number having doubled during the past year, while a similar increase is anticipated during the next year or more.

The Registered Nurses Association of Nova Scotia now officially approve Grade XI Provincial Pass Certificate, or one which is deemed the equivalent by the Nova Scotia Department of Education, as the minimum academic qualification of candidates to schools of nursing. Superintendents of schools have been asked to seek the co-operation of their hospital boards in refusing to admit candidates who do not possess this qualification. Each school of nursing recently visited by the Registrar has received a report of its school, based on the findings arising from that survey. At the request of members, a course in "war emergency aid" is being organized by the St. John's Ambulance Association in most branches of the Association. Already several classes in the Halifax Branch are receiving this instruction.

The Registered Nurses Association of Ontario reported the organization of chapters by one more district; also that District 9, Northern Ontario, now has seven chapters. Within the past three years, twelve loans amounting to $2900. have been granted from the Permanent Education Fund. *The Canadian Nurse* Circulation Committee has been very active. A leaflet, on aims and responsibilities towards the *Journal*, is available for distribution throughout the Province. To demonstrate a plan by which interest and circulation might be stimulated, the convener of the committee arranged a special supper meeting which was attended by representatives from hospitals and alumnae associations in District 5. Reports of this meeting were sent to the conveners of all the district committees as a guide in forming their plans for action.

The last quarterly meeting of the *Registered Nurses Association of Prince Edward Island*, which was held at Summerside, was well attended. A report on the legal procedure by which the by-laws of the Association can be amended was presented. The convener of *The Canadian Nurse* committee reported that subscriptions remain at a fairly high level. A committee has been appointed to arrange a refresher course which will be held in conjunction with the annual meeting, in June 1940.

The Association of Registered Nurses of the Province of Quebec were able to offer four scholarships for the year 1939-40; it is customary for this Association to award two scholarships annually. The English- and French-speaking groups of each of the three Sections have planned programmes of interest for the winter months. The Private Duty Section (French) arranged visits in small groups to Hôpital St. Jean de Dieu in connection with a lecture course with special observation in the paediatric department, which includes a now famous school for mentally defective children, accommodating three hundred. The English group of this Section arranged a series of very fine lectures. The Nursing Education Section (English) is to hold a symposium on nursing in January. The French group are studying means by which the centralization of the teaching of several subjects of the school curriculum may be ar-

ranged with the University of Montreal. Details of the programmes of the two groups of the Public Health Section were not available for announcement on December 2.

The Saskatchewan Registered Nurses Association have issued a pamphlet of information for prospective candidates to schools of nursing in that Province. Copies have been distributed to high school principals and other interested individuals. Also, the Registrar has addressed students in the high schools in various centres.

Activities of the *New Brunswick Association of Registered Nurses* were included in the report of the annual meeting, published in the December issue of the *Journal*.

Each Provincial Association completed a careful survey of the lists of nurses who have volunteered for emergency service. Under date of November 21, 1939, the secretary of the National Joint Committee of the Canadian Red Cross Society and the Canadian Nurses Association on Enrolment of Nurses for Emergency Service, reported that the most recent list submitted to the Director General of Medical Services contained the names of 3,394 nurses.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Ontario:

A.A., Royal Victoria Hospital, Barrie	$5.00
A.A., Toronto Western Hospital, Toronto	10.00
Nursing Staff, Ontario Hospital, Kingston	25.00
Nursing Staff, Women's College Hospital, Toronto	11.50
District 5, Registered Nurses Association of Ontario	15.00

REFRESHER COURSE IN OBSTETRICS

As previously announced in the *Journal*, a refresher course in obstetrical nursing will be given from January 22 to 27 under the auspices of the University of Toronto School of Nursing. The following obstetricians will take part in the programme of instruction: Dr. W. A. Scott, Dr. H. B. Van Wyck, Dr. W. G. Cosbie, Dr. J. C. Goodwin, Dr. D. M. Low. Lectures on paediatrics will be given by Dr. Alan Brown. Round table conferences will be presided over by Miss Nettie Fidler and Miss M. B. Millman. Various aspects of the general subject will be discussed by Miss Edna Fraser, Department of Public Health, Toronto; Miss Ida Brand, Ontario Red Cross Society; Rev. Sister Vincentia, St. Michael's Hospital; Miss E. Palk, Victorian Order of Nurses; Miss Grace Sutton, Toronto Western Hospital; Miss Mabel Sharpe, Women's College Hospital; Miss Muriel Winter, Toronto General Hospital. Demonstrations will be held at the Women's College Hospital and the Toronto General Hospital. Ward observation visits have been arranged at St. Michael's Hospital, the Toronto Western Hospital, and the Toronto General Hospital.

Further details may be obtained from the secretary of the University of Toronto, School of Nursing, 7 Queen's Park, Toronto. The fee for the course is $7.00.

We Are Prepared

Nurses all over the country have been busy this week exercising their ingenuity in assisting the medical profession to prepare for the reception of civilian casualties. What a business it has been and what vast reorganizations have been accomplished. In the course of a few days, mental hospitals and institutions for the chronic sick have been turned into base hospitals with beds in large numbers, and improvised theatres provided with primus stoves for sterilisation, operating tables transported from the large general hospitals, and drums eked out with carefully sealed biscuit tins. (We hear that one was recently opened at St. Bartholomew's Hospital that had been sterilised during the crisis in September, and its contents still passed strict tests for sterility.)

Similarly, in the hospitals of London, changes have taken place. They have been rapidly transformed into casualty clearing stations and this also has meant much improvisation and ingenuity. To give you some idea of what this has involved let us tell you what University College Hospital has done to provide central London with a casualty clearing hospital of 207 beds for possible air raid cases, and 110 beds for ordinary civilian cases.

The old hospital itself was not considered safe enough for use and every one of its wards is empty of patients. The casualty clearing hospital is in the basement and ground floor of the beautiful new private patients hospital, opened in 1937. It is reached from the hospital casualty department by a corridor which runs under the road and is provided with an air lock. Beyond this a widening of the corridor has been transformed into a general reception office and branch corridors to right and left give us a first glimpse of the beds. These are prepared ready for immediate occupation with the bed-clothes rolled to one side and the bottom sheet covered with a long mackintosh and a doubled red blanket. Pillows are provided with mackintosh covers, and at the end of the bed a bag of cheap hessian or old material, tied to the rail, will receive the patients' clothes. Smaller mackintosh bags are being prepared to take the patient's washing things; his towel hangs ready on the bottom rail, for each patient for the time being can possess nothing but a bed for all his goods and chattels.

Other beds are packed into the various store-rooms on either side. In some cases the mattresses rest on the store-room shelves where these are of convenient height. One room has been turned into an emergency theatre complete with two shadowless lamps from the hospital's operating theatres and scrubbing up sinks have been fitted. Two operation tables occupy the floor —closer perhaps than one would wish— but here every inch of space is precious. Corridors and store cupboards in the vicinity hold the essential equipment and in one room near by is a cupboard stocked with many sets of sterilised blood transfusion apparatus carefully wrapped up. Another store room is full of tannic acid powder, and tins of plaster bandages which the staff have made in their spare time.

On this floor there are altogether 129 beds, with improvised offices as well as the kitchen which will supply the emergency hospital. The whole basement is ventilated by an air conditioning plant, which in case of gas attacks will be able to filter the air, though the supply will have to be de-

creased somewhat for the time being.

On the first floor a similar transformation has been effected. The fine entrance hall has become a ward kitchen, the panelled waiting and consulting rooms hold as many beds as they can contain, while even the X-ray plant (except in one room which will be used for X-ray examinations) is surrounded with beds, all with their bags and blankets ready for immediate use. Store cupboards have been turned into clinical rooms and sluice rooms, another theatre for two surgical teams improvised, and everything essential for the immediate care of casualties is at hand.

The civilian wards are in the new ante-natal department and maternity hospital. As the ante-natal department is in the basement it has readily been converted into a maternity ward for 20 patients with a nursery for the babies. The canteen, originally designed to serve mothers with refreshment while they waited, conveniently serves as the ward kitchen. The lower floors of the maternity hospital house extra beds and with windows carefully protected and curtained will provide beds for medical, surgical, and gynaecological cases. This is a vital service, for while casualties are yet to come, the needs of the civilian sick must be satisfactorily met. This is being done and I left the hospital, inspired by the ingenuity and resource with which the demands of the present situation has been met.

—*Nursing Times*

An Honoured Leader

On November 6, 1939, the Alumnae Association of the Toronto Western Hospital lost one of its earliest graduates in the death of Mrs. Annie York. Mrs. York was a member of the first graduating class of the Hospital in 1898. For several years she did private duty nursing in Toronto and the vicinity, later becoming Superintendent of the Orthopedic Hospital, which post she held for a number of years. In addition to being one of the originators of the Alumnae Society, she was its President for several terms, at all times maintaining an active interest in the affairs of the Hospital in general and the Alumnae in particular.

It was only comparatively recently that she found it necessary to give up much of her active work in order to devote her time to the work of the Mission

ANNIE YORK

in connection with Hillcrest Church of Christ, of which she was a devoted member. We remember Mrs. York as a kindly older graduate whose keen interest in the activities of the nursing body stimulated the younger members to emulate the example set by her.

— G. J. S.

OBITUARIES

Mrs. Nelson Whitman Morton (Beatrice Brookes) died at her home in Beaconsfield, Quebec, on November 28, 1939, after a brief illness. Mrs. Morton was a graduate of Dalhousie University and received her professional training in the School of Nursing of the Royal Victoria Hospital in Montreal. She was a member of the Class of 1931, and subsequently took the course in public health nursing offered by the School for Graduate Nurses, McGill University, where she added new honours to an already brilliant scholastic career. After completing her post-graduate work, Mrs. Morton was appointed to the staff of the Montreal Branch of the Victorian Order of Nurses, and served as staff nurse and supervisor for five years, making a lasting impression that will long be remembered by those who worked with her. That so promising a life should have had so short a span is a source of grief to all who knew her and appreciated her worth.

Irene W. Sherrard died suddenly while on duty, on December 4, 1939. Miss Sherrard was a graduate of the School of Nursing of the Chipman Memorial Hospital, St. Stephen, N. B., and a member of the Class of 1928. At the time of her death, Miss Sherrard was the supervisor of the operating room at the Hospital. She was a valued member of the St. Stephen Chapter of the New Brunswick Association of Registered Nurses and her loss is keenly felt by her associates and many friends.

A Word of Sympathy

Dr. Bedford Fenwick died on October 14, 1939, and in his passing the nursing profession throughout the world lost a generous and devoted friend. The respectful and affectionate sympathy of nurses in every part of the world will surely be offered to his widow, Ethel Gordon Fenwick, Founder of the International Council of Nurses.

We Lose a Friend

The cause of nursing education in Canada has lost a loyal friend and champion in the recent death of Dr. Henry Esson Young. He had a clear conception of the functions of a department of nursing education in a University, and in the first stormy years, consistently defended the pioneer effort in the University of British Columbia. From the outset, he realized the vital importance of the public health nurse in the Provincial health programme and in his capacity as Medical Health Officer for the Province of British Columbia, gave his unwavering support. Among the many tributes paid him, not the least is the gratitude and respect of Canadian nurses.

STUDENT NURSES PAGE

Introduction to the Operating Room

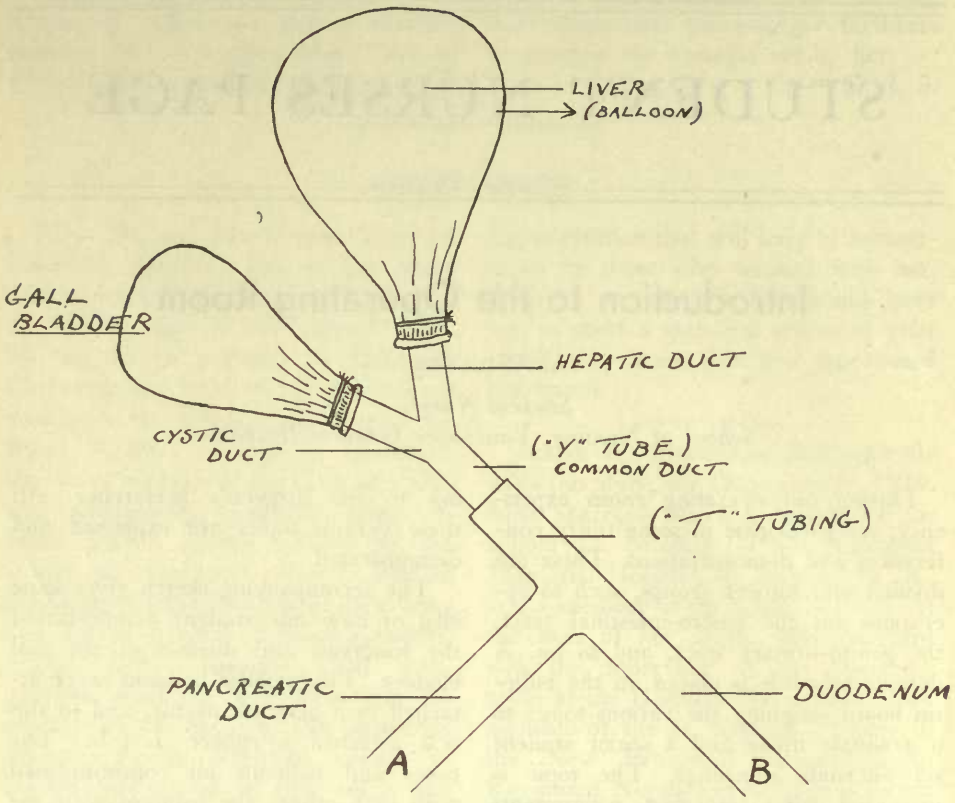
A. WILLNER

Student Nurse,
School of Nursing, Vancouver General Hospital

During our operating room experience, we participate in some thirty conferences and demonstrations. These are divided into subject groups, such as operations on the gastro-intestinal tract, the genito-urinary tract, and so on. A definite schedule is placed on the bulletin board assigning the various topics to a graduate nurse and a senior student on alternate mornings. The topic is presented after morning assignments have been given and before the day's activities start.

To show how this programme is carried out, let us say that the topic assigned to a student is operations on the gall bladder, such as cholecystectomy, cholecystotomy, choledocotomy. On the preceding days the student prepares her instrument "set-up", and the following morning we gather in the main operating room theatre where, by means of pictures and diagrams, a review of the anatomy and physiology is given. The various diseases of the gall bladder are discussed briefly with reference to their causes and surgical treatment. Emphasis is placed upon the preparation of the patient, position on the table, site of incision, instruments used, operative procedure, type of drainage, sutures according to the surgeon's preference. All these various topics are explained and demonstrated.

The accompanying sketch gives some idea of how one student demonstrated the functions and diseases of the gall bladder. Two rubber balloons were attached to a glass connector, and to this was attached a rubber T tube. The tubes and balloons all communicated with each other; the balloons were inflated with air and the rubber-tubing was clamped at the points marked A and B. This demonstration showed that if there were an obstruction in the "cystic duct", air could not pass out of the "gall bladder" and none could get in. If the hepatic duct were blocked, no air could leave the "liver", thus showing how bile could be dammed back into the liver and then into the blood stream. If there were an obstruction in the "common duct" air could pass from the "liver" into the "gall bladder" and the size of the gall bladder would be greatly increased. Bile could not get out into the duodenum, hence a damming back of bile into the blood stream again. In any of these cases, operation for removal of the obstruction might be indicated.



This simple apparatus illustrates how a stone could be removed from the ducts, how a drain could be inserted, how the gall bladder could be drained or even removed. By means of such practical demonstrations we get a comprehensive idea of what the surgeon is doing during the process of the operation. The topic of the conference frequently coincides with an operation of the same nature.

The demonstrations given by the graduate nurses deal with special operating room procedures and equipment. We learn about the care and use of different types of drains, the method of counting and recording sponges, the use of cauteries, the care of instruments used in bone surgery and other special techniques. These topics are presented and demonstrated in a method similar to that described above.

We students feel that as a result of this series of conferences and demonstrations in conjunction with our operating room experience, our picture of the operating room service includes a complete knowledge of draping, instruments, sutures and equipment. It increases our self-confidence because of our knowledge of the nature of the operation performed upon the patient. It increases our efficiency in caring for post-operative patients and leads to a more intelligent and sympathetic understanding of their many discomforts.

BOOK REVIEWS

HOSPITAL ORGANIZATION AND MANAGEMENT, by Captain J. E. Stone, Consultant on Hospital Finance, King Edward's Hospital Fund for London; Secretary, Birmingham Hospitals Centre. Third edition, 920 pages. Published by Faber and Faber, in England. Available in Canada from The Ryerson Press, 299 Queen Street, West, Toronto.

As nurses begin to study more seriously the art of hospital administration in which they have so long played a part, they will welcome such books as this new edition of Captain Stone's great work on the subject. Captain Stone was formerly chief accountant of St. Thomas's Hospital, London, and is now secretary of the Queen Elizabeth Hospital, the new medical centre at Birmingham. He holds many important offices in hospital associations, and is the author of several well-known books on hospital law and finance.

Every phase of the vast subject of hospital administration is treated in this present book, but certain parts will be more directly useful to Canadian nurses than others. This is because the book is quite frankly and exclusively a discussion of English hospitals, and more particularly of voluntary hospitals. Thus the historical introduction and certain discussions of hospital organizations, though very interesting, are strictly local in their application. Strange to us also is a whole chapter devoted to the technique of "appeals", obviously very important in the country where the voluntary hospital has had its greatest development.

The greater part of the book, however, is devoted to a very thorough treatment of hospital problems which are found everywhere. Typical chapters are "Accommodation", "The Board of Management and Hospital Committees", "Administration and the Personnel", "Planning and Construction", "Co-operative Purchasing", "Nursing Service", "Social Service". Although the plan of organization of the book as a whole is not particularly clear to the reviewer, discussion of each of these separate subjects is very complete and detailed, and is written by one who has obviously had long and intensixe experience in the hospital field, and must be regarded as an authority.

Although it is true that due to closer resemblances in the systems, we tend to feel that certain American texts may seem in some ways more easily applicable to our needs, it is very obvious that we should do well to know more of the British hospitals and their methods of administration, and to benefit by their long experience. Every nursing library will do well to add this authoritative reference book to its shelves.

N. D. Fidler,
Supervisor of Hospital Courses, University of Toronto School of Nursing.

THE GRADUATE NURSE IN THE HOME, by Mary Louise Habel and Hazel Doris Milton. 282 pages and index. Illustrated. Published by the J. B. Lippincott Company; Canadian office: 512 Medical Arts Building, Montreal. Price, $2.50.

Conditions which the nurse meets in the typical uban or rural home where nursing care is required are immeasurably different from those met in the hospital. This book offers the senior student and graduate nurse an adaptation of nursing care especially designed to meet these conditions. One of the seven units is devoted to a discussion of birth in the home and the care of the infant. Special attention is paid to the nursing of the diabetic and cardiac patient and a chapter is devoted to the maintenance of isolation precautions. Some good practical illustrations are given of improvised equipment. At the end of each chapter a number of questions are listed which should help the

nurse to review her work and to make sure that it has been satisfactorily performed.

SUE BARTON, RURAL NURSE, by HELEN D. BOYLSTON, 254 pages. Published by the Little, Brown & Company; Canadian agents: McClelland and Stewart, 215 Victoria St., Toronto. Price, $2.25.

This book is the fourth in the "Sue Barton" series in which the author tells of the adventures and experiences of a nurse in her career. The setting for the story is that of a rural district in the White Mountains of New Hampshire. Sue Barton makes a place for herself in the lives of the people of this rural community. Her romance with the young community doctor and the exciting incidences in her work are appealing to adolescents for whom the book was written.

The book portrays community nursing service and might be used as an incentive in vocational guidance and as interesting reading for young girls. Although those in the profession might notice a few discrepancies such as the mature experiences and accomplishments of such a young girl, and the method of making and obtaining her job in the community, the young reader would consider the whole book fascinating.

ESTHER ROBERTSON,
Senior Staff Member,
Montreal Branch, Victorian Order of Nurses.

AUXILIARY ENROLMENT

The enrolment of trained nurses is now actively proceeding in England under the auspices of The British Red Cross Society and the Order of St. John. The committee responsible for the direction of this service includes five well known Hospital Matrons and the work of the nurses will be mostly in auxiliary hospitals, which supplement the military hospitals. The staff for the auxiliary hospitals will be selected by the matron-in-chief and be under the direct control of the committee. A classified register is being formed, and nurses enrolled will be appointed according to their qualifications as matrons or nursing sisters. Trained nurses from the ages of 25 to 60 are eligible for these posts, and it is interesting to note that women from all walks in life who are trained nurses are offering their services. Many are middle-aged women who had valuable experience in the last war.

Nurses under 45 may enrol for transfer to the Army and Air Force Nursing Services, the pay and conditions corresponding to the branch of the Service to which they are appointed. Besides these full-time services, trained nurses are needed as examiners and lecturers and an appeal made through the Royal College of Nursing branches has met with good response.

The uniform which will be worn by this nursing group was designed by the matron-in-chief, and is a pleasing garment with a one-piece dress in navy blue gingham, fadeless and shrunk.

There is a detachable collar of white cambric and detachable cuffs of the same material. A shoulder cape of the blue gingham gives a smart appearance to the uniform. The apron differs from the former pattern as it has no cross pieces at the back; instead, the top clips into slots in the front of the dress. This makes it easy to put on. Light grey stockings will be worn with black laced shoes which have leather cuban heels. A navy blue felt sailor hat with a ribbon band of red and black with a touch of white is for out of doors, when a double-breasted overcoat in navy serge with an all-round belt will also be worn. The cap to be worn in the wards is of organdie and is somewhat smaller than the previous cap. Dame Joanna Cruickshank has been experimenting with a design which can be worn with a gas mask.

"Nurse Edith Cavell"

By the time these lines appear in print many Canadian nurses will have seen the remarkable film and will have appraised it for themselves. Its dignity and pathos cannot be denied, although its value as a historical document is very much open to question. The real Edith Cavell was neither young nor beautiful, and the picture would have been far more convincing if Anna Neagle had been allowed to look like a plain middle-aged woman. Nevertheless, we owe a great deal to the director and to the actress who made "Edith Cavell" seem like a real nurse. The brisk impersonal kindliness, the calm exercise of authority, the complete absorption in a nursing task, all rang true. This is the way in which English nurses go about their daily work. The relentless control of deep emotion was suggested with great delicacy and skill although, towards the end, the dramatic action seemed to take on an air of unreality and failed to convey the full significance of the tragic climax.

The picture has met with a rather mixed reception. The English nursing press praises it, but with some reservations. Professional critics have been less kind, possibly because they do not appreciate the nursing values. Here is one commentary, quoted from "The Spectator":

> We can hardly expect a popular film producer to stand aloof, seeking the tragic values in Miss Cavell's story. Nevertheless, one regrets a little that the English creative spirit has never risen higher in her commemoration than a statue cut in soap and an emotional melodrama. Of the two, one prefers the statue: it seems a little truer to the staid heroism, the Anglican rectitude, the clinical love for patients and mankind.

We agree that neither the statue nor the film has caught the spirit of this dauntless woman. Perhaps it remained for Canada to pay the perfect tribute. High in the Rocky Mountains is a snowy peak which bears the name of "Mount Edith Cavell". In its stainless purity and rugged strength, it stands as a perpetual witness for the woman who, in the hour of death, said these words: "I know now that patriotism is not enough. I must have no hate nor bitterness towards anyone."

SISTER SWANSON'S RABBIT

In a recent edition, *The Calgary Herald* published an interesting interview with Mrs. H. C. Ironside (Nursing Sister Alice Swanson) president of the Overseas Nursing Sisters Association and the following excerpts are taken from these adventures, grave and gay:

Many times nurses were called from their beds at night to assist with the wounded as they came back from the front in hospital trains which carried as many as 300 patients. Wounded men were divided into two classes, stretcher cases and "walkers", and the nurses alternated in attending the two groups. The "walkers" were those who could get about without aid and were lined up to walk past a table where nurses attended to the wounds of each in turn. Some days the wounded were mainly poison gas casualties, and soldiers whose vision had only been slightly impaired, led long queues of others totally, although temporarily, blind. The blind had to undergo a painful series of regular treatments in order to regain their sight and even the nurses attending them found their own eyes red and smarting.

There were tragic days during each "big push" when the stream of wounded crawling back from the front seemed endless, but British humour was bound to pop up every now and then. One wounded soldier came into the hospital with a tiny Belgian hare cuddled in his arms. He handed the bunch of fluff to Sister Swanson and asked her to care for it and soon the animal was the pet of all the hospital and learned to follow his mistress as she moved back and forth at her work.

But then Sister Swanson's leave (ten days every six months) came due and she left for a trip to Southern France. On her return, the rabbit was gone. An orderly in whose charge it had been left said that it had "died." But down the line the irrepressible Dumbells were giving a show for wounded soldiers, and in the middle of an act, a Dumbell blurted out the awful truth: "Mm—what a fine dinner we had — Sister Swanson's rabbit."

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments to, and resignations from, the Victorian Order of Nurses for Canada:

Miss Lorraine Miller, graduate of the School of Nursing of the Winnipeg General Hospital and of the course in public health nursing, given at the School of Nursing of the University of Toronto, 1939-40, has been appointed to the Winnipeg staff.

Miss Ethel Gordon has been transferred from the Toronto staff to the position of nurse-in-charge of the Branch at Woodstock, Ont.

Miss Nettie Garfield has been transferred from the Winnipeg Branch to the Calgary Branch.

Miss Hattie Empey has been transferred from the North Vancouver Branch to the Montreal staff.

Miss Ruth Sheldon has resigned from the Calgary Branch to be married.

ONTARIO PUBLIC HEALTH NURSING SERVICE

Miss Helen Watkinson has resigned from the staff of the Fort William School Health Service and has been succeeded by *Miss Queenie Donaldson,* Ottawa Civic Hospital School of Nursing, and University of Toronto Public Health Nursing course.

Miss Gladys Young resigned recently from the staff of the Port Arthur Board of Health. Her work included the child hygiene and venereal disease nursing programmes. *Miss Audrey Turner,* School of Nursing, Ontario Hospital, Brockville, and University of Toronto Public Health Nursing course, 1939, has succeeded Miss Young.

NEWS NOTES

ALBERTA

EDMONTON:

Edmonton Association of Graduate Nurses:

At a recent meeting of the Edmonton Association of Graduate Nurses held at the General Hospital, Miss McLeod, the president, was in the chair and it was gratifying to note a large attendance. Following the business meeting, a most interesting and inspiring talk was enjoyed, given by Miss Laura Holland, inspector of Welfare Institutes for British Columbia.

University of Alberta Hospital:

The November meeting of the University of Alberta Hospital Alumnae Association took the form of a dinner meeting. A committee was chosen to take charge of packing Christmas hampers for two needy families.

Royal Alexandra Hospital:

The Royal Alexandra Hospital Alumnae Association recently sponsored a dance which was a great success both socially and financially. The November regular meeting was in the form of a masquerade party, about 75 members being present. Prizes were awarded for the different costumes to the following members: Miss Margaret Fraser, lady superintendent of the Royal Alexandra Hospital, Miss Frances Sheldon, Miss Mae Griffiths, Mrs. Shandro, and Miss Violet Chapman.

LETHBRIDGE:

A meeting of the Lethbridge Graduate Nurses Association was held recently at St. Michaels Hospital, with a very good attendance. The president, Mrs. B. Niven, expressed regret that the special speaker, Dr. Brown, was unable to be present on account of illness. It was decided that instead of the regular meeting in December, that a social evening be held at the "Y". Following the meeting, lunch was served by the staff of St. Michaels Hospital.

A radio has been installed in the office of St. Michaels Hospital from which the programmes may be heard by the patients in the private and semi-private wards, by means of ear phones. Work has not yet been completed whereby the public ward patients may have the same privilege, but this will be accomplished in the near future.

Miss D. Topley (Royal Alexandra Hospital, Edmonton), has been appointed to the staff of the Galt Hospital, Lethbridge. Sister Lucille (St. Martha's Hospital, Antigonish, N. S.) has recently been employed as supervisor of the Women's Surgical Floor, St. Michaels Hospital. Miss Marion Murray (General Hospital, Edmonton), Miss Mary Gates (Misericordia Hospital, Winnipeg), and Miss Ann Boyka (Holy Family Hospital, Prince Albert, Sask.) have accepted positions on the staff of St. Michaels Hospital.

Married: Recently, Miss Pauline Huck (Vegreville Sisters Hospital, Vegreville, Alta.) to Mr. Clarence Wilkins.

Married: Recently, Miss Ethel C. Irvine (Galt Hospital, Lethbridge) to Mr. Thomas Reid.

MEDICINE HAT:

Medicine Hat General Hospital:

A recent meeting of the Registered Nurses held at the Medicine Hat General Hospital resulted in the formation of the Medicine Hat District of the Alberta Association of Registered Nurses. The following officers were elected: Chairman, Miss A. Pederson; vice-chairman, Miss M. E. Hagerman; secretary-treasurer, Miss V. Clegg.

Miss Mary Hutchcroft (M.H.G.H.), having completed a post-graduate course at the Kahler Hospital, Rochester, Minn. has resumed her position as operating room supervisor.

Miss Violet Clegg (M.H.G.H.) has been appointed as assistant instructress. Miss Isobel Murray (Royal Alexandra Hospital, Edmonton) has also accepted a position on the staff.

Married: Recently, Miss Kay Bell (University of Alberta Hospital, Edmonton) to Mr. Perry Minor.

BRITISH COLUMBIA

KAMLOOPS:

The members of the executive and other committees of the Kamloops .Graduate Nurses Association for the coming year are: President, Miss S. Babin; vice-president, Mrs. H. S. Stalker; secretary, Miss M. Ker; treasurer, Miss G. Young; committee conveners: programme and social, Miss K.

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NELSON:

The annual report given by Miss Sybil Gustafson, as president of the Nelson Graduate Nurses Association, shows a year of activity. A library has been established with the purchasing of a large selection of books and subscriptions to current nursing journals. The annual pledge for the Nightingale Memorial Fund was renewed and the Association also subscribed to the Canadian Society for the Control of Cancer and to the Anti-tuberculosis Society. An "Iron Lung" committee supported by a cash donation by the Nelson Registered Nurses Association, has purchased one adult respirator and one infant respirator. These respirators are to be placed in the Kootenay Lake General Hospital. On several occasions the Association has had guest speakers, representing the travelling educational unit sponsored by the provincial organization. An honourary life membership was recently given to Mrs. Crowthers, one of the pioneer nurses.

Married: Recently, Miss Evelyn Higginbotham (Kootenay Lake General Hospital) to Mr. Frank Becker.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association recently held a meeting in the Nurses Residence at the Brandon Hospital for Mental Diseases. Thirty-six members were present. Mrs. D. L. Johnson presided and an appeal was made by welfare and library representatives for clothing and books. Miss M. Gemmill asked for the assistance of the Association in training a class of girls in home nursing, which is in charge of Mrs. Long.

The meeting was in charge of the Mental Hospital group and Dr. T. A. Pincock gave a very interesting address on military psychiatry dealing with the many conflicts a soldier must overcome during service at the front. Mrs. R. Darrach thanked the speaker. A social hour was held at the close of the meeting.

NEW BRUNSWICK

Fredericton:

The Fredericton Chapter of the New Brunswick Association of Registered Nurses held their fall meeting at the nurses' residence, with a good attendance of members present. Miss Emma Trafton, the president, presided and several matters of interest were discussed, among which was Red Cross work. It was decided to offer the services of the Association to the Red Cross and a committee was formed for this purpose. Miss Trafton reported that the local Y.W.C.A. wished to organize first-aid classes and two of our graduates offered their services to help teach the classes on Saturdays. Miss Barker gave a very interesting talk on her postgraduate work at the Toronto Psychiatric Hospital. The nominating committee brought in the new slate of officers for the coming year.

Miss Marion J. Brewer recently returned from Montreal where she took a postgraduate course in maternity work at the Royal Victoria Hospital. Miss Helen B. Barker has returned from Toronto where she was taking postgraduate work in psychiatry.

Saint John:

The Saint John Chapter of the New Brunswick Association of Registered Nurses held their regular monthly meeting recently at the Saint John General Hospital with the president, Miss Margaret Murdoch, in the chair. After the business meeting the association heard a report of the provincial annual meeting, held in Fredericton in October, made by the delegates, Miss Lila Gregory and Miss Helen Cahill. The private duty section held a quiz on different subjects of interest. This quiz between Miss Frances Munro and Miss Sally Turnbull was followed by a moving picture of obstetrics shown by Dr. A. E. Macaulay.

Miss Gladys Crowley, a graduate of the Saint John General Hospital and now on the staff of the Saint John Tuberculosis Hospital who has been in England for the last eight months taking special work at Papworth Village, has returned home after a trying experience on the "Athenia" and is now back at her work.

Miss Florence Fraser, a graduate of the Saint John General Hospital and now on the staff of the Saint John Tuberculosis Hospital, has completed a six months course at the Children's Memorial Hospital, Montreal.

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Married: On November 18, 1939, Miss Mildred Lipsett (S.J.G.H., 1934) to Mr. Harry Lanyon, R.A.F.

NOVA SCOTIA

NEW GLASGOW:

Mrs. LaVerne Dewar McEachron has accepted the position of instructor of nurses at Aberdeen Hospital, New Glasgow, N. S. Mrs. McEachron is a graduate of the School of Nursing of the Massachusetts General Hospital, Boston, Mass., later taking postgraduate work at Simmons College.

SYDNEY:

The Cape Breton Registered Nurses Association recently held a meeting at the Harbour View Hospital, Sydney Mines, with the president, Miss Rhoda McDonald, in the chair. Three new members were welcomed to the Association. Reports of the executive meeting of the Provincial Association, recently held in Halifax, were presented by the delegates. A very interesting paper on diabetes was delivered by Dr. Michael McDonald, a member of the medical staff of the Harbour View Hospital. Delicious refreshments were served.

ONTARIO

DISTRICT 1

LONDON:

Victoria Hospital:

The following new officers and executive committee have been elected to serve during the coming year: Honourary president, Miss H. M. Stuart; honourary vice-president, Mrs. A. E. Silverwood; president, Miss I. Sadleir; first vice-president, Miss M. S. Smith; second vice-president, Miss F. Kauth; recording secretary, Mrs. M. Hatcher; corresponding secretary, Mrs. T. Gerrard; treasurer, Mrs. N. H. Crawford; publications, Miss F. Quigley, Miss R. West.

SARNIA:

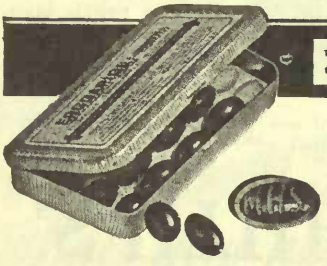
Sarnia General Hospital:

The following officers have recently been elected to serve during the coming year: Honourary president, Miss D. Shaw; president, Miss I. MacLean; vice-president, Miss A. McMillen; secretary, Miss J. Anderson; treasurer, Miss J. Cairns; committee conveners: alumnae room, Miss D. Shaw; programme, Mrs. D. Jones; social, Miss L. Barwise; *The Canadian Nurse*, Mrs. S. Elrick; flowers, Miss M. Thompson; press, Miss G. McCready; study club, Miss J. Cairns.

DISTRICTS 2 AND 3

KITCHENER:

The following are the officers of Districts 2 and 3, R.N.A.O., for the coming year: Chairman, Miss Winnifred Ashplant, Kitchener; first vice-chairman, Miss D. Arnold, Brantford; second vice-chairman, Miss V. Winterholt, Kitchener; secretary-treasurer, Miss H. Muir, Brantford; councillors: Miss Westbrook, Brantford; Miss Greenaway, Walkerton; Miss Sehl, Owen Sound; Miss Trusdale, Simcoe; Mrs. Cowie, Kitchener; Mrs. Hamilton, Guelph;



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conveners: nursing education, Miss S. Hallman, Guelph; public health, Miss Hackett, Ayr; private duty, Miss F. McKenzie, Kitchener.

District 4

Hamilton:

St. Joseph's Hospital:

Married: Recently, Miss Mary Stickles (S.J.H.) to Mr. Stanley Szymanski.

Married: Recently, Miss Mary Sinnott (S.J.H.) to Mr. Douglas Brown.

St. Catharines:

Mrs. F. S. Greenwood was the speaker on parliamentary procedure at the November meeting of the Mack Training School Alumnae Association. Much valued technical information was enhanced by the story of the growth of self-government as a manifestation of our heritage of freedom. The speaker, in stressing the need for each Canadian woman to give her utmost in service and leadership in order to meet war needs without neglecting the demands of ordinary living, made her hearers realize that the familiar plea of being "too busy" is now definitely out moded and in its place is the joy of trying to accomplish as much as possible.

District 5

Toronto:

Toronto Hospital for Incurables:

The home of the Grant MacDonald Training School was an ideal place for the nurses of District 5 to meet for a study of the care of the chronically ill patient. On December 1, about 300 nurses toured the hospital and, with this background in mind, listened to addresses by the superintendent, Miss Pearl Morrison, on administration, and by Miss Ivy Ostrik, on nursing care. Miss Alexander described the work of the librarian, and Dr. Martyn spoke of the patient's viewpoint. An address by Dr. Arnold Clarkson on the medical care of the chronically ill patient brought the interesting programme to a close.

L E A D E R S

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This is a hospital for the incurable patient, so called, but we learned that it is a hospital of the hopeful. The kindly atmosphere fully demonstrated the points presented by Miss Ostrik. A social hour was enjoyed at supper time, when a delicious meal was served.

Two of the outstanding reports presented at the business meeting were the Membership Committee's report showing a membership of 1418, and that of *The Canadian Nurse* Regional Committee's recent organization meeting. Guests at the meeting included nurses from Kingston, London, and a large number of students from the post-graduate courses of the University of Toronto School of Nursing.

The next meeting of District 5 will be the annual meeting and will be held in Toronto.

St. John's Hospital:

The following new officers and executive committee have been elected to serve during the coming year: Honourary president, Sister Beatrice; president, Miss Evelyn Smithett; first vice-president, Mrs. P. E. Thring; second vice-president, Miss Vera Mountain; secretary, Miss Helen Frost; treasurer, Miss Mossie Draper; corresponding secretary, Miss Marion Martin; committee conveners: social, Mrs. C. Kerr; visiting, Miss Lucy Richardson; press, Miss Janet Vanderwell.

District 6

The following new officers and executive committee of District 6, R.N.A.O., have been elected to serve during the coming year: Chairman, Miss H. Collier; first vice-chairman, Miss I. Shaw; second vice-chairman, Miss McKenzie; third vice-chairman, Miss M. J. Youmans; secretary-treasurer, Miss Edna Sullivan; committee conveners: nurse education, Miss E. Young; private duty, Miss N. DiCola; public health, Miss Kearney; membership, Miss N. Brown; enrolment, Miss H. Fitzgerald; finance, Mrs. Holyman; *The Canadian Nurse,* Miss F. Fitzgerald; nominating committee, Miss B Dolan, Miss Stewart, Miss Gibb.

Chapter A:

The social meeting of Chapter A, District 6, R.N.A.O., was held recently at the Ritchie Memorial residence. As the meeting was to be a social one, no business was conducted. Our guests, including married nurses

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and nurses who are not members of the R.N.A.O., were received by Miss R. Thompson, director of nursing, Miss L. Bertram, chairman of Chapter A, and Miss H. Collier, chairman of Dstrict 6. The evening was spent in getting acquainted and playing games after which refreshments were served by Miss M. McIntosh and members. Miss M. Cullen and Miss H. S. Byers presided at the tea table.

Miss L. Bertram then introduced Miss Collier as chairman of the District. Miss Collier explained the District and Chapter meetings, inviting the nurses to attend meetings and belong to the R.N.A.O. and assured the nurses not actively engaged in nursing that they would be welcome to attend and be associate members. Our next meeting is to be a joint meeting of the Alumnae Association and the Chapter.

Chapter B:

A meeting of Chapter B, District 6, R.N.A.O., was held at the Ontario Hospital, Cobourg, with Miss Shaw presiding. There were 18 members and 8 non-members present. Miss Shaw gave a report on the annual District meeting, held in Belleville. The nominating committee was asked to select new officers for the coming year. Mrs. Parr of Port Hope, gave an interesting address on her experiences as Nursing Sister in Egypt, during the Great War, and Miss Porter moved a vote of thanks to the speaker. A social hour followed.

Chapter C:

Chapter C, District 6, R.N.A.O., recently held its monthly meeting in the Ross Memorial Hospital, Lindsay, with a good attendance. The president, Mrs. Rundle, was in the chair and called on Miss Flett to introduce Mr. Briese, the speaker of the evening, who gave an interesting address on the European situation, past and present. A hearty vote of thanks was moved by Miss Northey and seconded by Miss Lynch. A short business meeting was held. The secretary's report was read by Miss M. Mackenzie. Miss Flett read the report of the nominating committee of the officers for the coming year.

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At the social hour which followed, Miss Reid and the staff of the Ross Memorial Hospital served refreshments.

District 7

Kingston:

Kingston General Hospital:

Keen interest has been displayed in the organizing of chapters in District 7, R.N.A.O., which has now been divided into three Chapters—one at Brockville, one at Smith Falls-Perth, and one at Kingston. An active programme has been planned for the coming months, when war work will be done. Already each member has contributed to the bale sent to evacuated children in England.

Married: On November 4, 1939, Miss Mary Marjory Delong (K.G.H., 1932) to Mr. Norman C. Gomm.

Married: On November 11, 1939, Miss Mary Isabella Simpson (K.G.H., 1934) to Mr. D. G. Cunningham.

Married: On November 22, 1939, Miss Margaret Robinson (K.G.H., 1936) to Dr. G. W. Blenkinsop.

District 8

Ottawa:

Ottawa Civic Hospital:

At a recent meeting of the Alumnae Association of the Ottawa Civic Hospital School of Nursing, Mr. Petrie, of the Provincial Life Assurance Company, gave a very interesting talk, illustrated by lantern slides, on the Royal Tour through Canada. Some beautiful scenes in the Gatineau valley were also shown. During the social hour which followed, Miss Blanche Anderson spoke on some aspects of military nursing. Each member present donated an article for the Grenfell Mission.

District 10

Port Arthur:

The annual meeting of District 10, R.N.A.O., was held recently at St. Joseph's Hospital, Port Arthur, with thirty-five members present. The following officers and executive committees were elected to serve for the coming year: Chairman, Miss Dorothy Adams; vice-chairman, Miss Eva Laine; secretary-treasurer, Miss Edith Crosson; section conveners: private duty, Miss Muriel Boisseau; public health, Mrs. Arthur Ward; nursing education, Miss Dorothy Riddell; membership, Miss Isabelle Morrison; programme, Miss Peggy Gillespie; representative to *The Canadian Nurse,* Miss Vera

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SUN LIFE OF CANADA

Belluz; councillors, Miss M. Buss, Miss D. Paul, Miss D. Bianconi. At the close of the business meeting an interesting and enjoyable musical programme was provided by the student nurses of St. Joseph's Hospital. A social hour was enjoyed at the close of the meeting.

Miss Audrey Turner has recently been appointed public health nurse in the place of Miss Gladys Young who resigned to be married.

Miss Queenie Donaldson has been appointed school nurse in Fort William in the place of Miss Helen Watkinson who resigned to be married.

Married: Recently, Miss Gladys Young (General Hospital, Port Arthur) to Mr. Arthur Ward.

QUEBEC

Montreal General Hospital:

Miss A. B. Smith (M.G.H., 1918) who has been superintendent for the past seventeen years of the McKinney City Hospital, Texas, was made a Member of the American College of Hospital Administrators at the recent meeting held in Toronto.

Miss Jessie Schayltz and Miss Helene Hebert, both members of the M.G.H. 1939 class, have been appointed to the staff of the Arvida Hospital, P. Q.

Married: On November 11, 1939, Miss Janet Cunningham (M.G.H., 1935) to Mr. Trevor Allison.

Married: On November 18, 1939, Miss Barbara M. Haydon (M.G.H., 1936) to Mr. Roderick W. Sutherland.

Married: On December 2, 1939, Miss Margaret J. Allison (M.G.H., 1939) to Mr. Maxwell C. Bush.

Married: Recently, Miss Jane Budden (M.G.H., 1921) to Mr. George W. Crombie.

Royal Victoria Hospital:

Miss Evelyn A. Eaton (R.V.H., 1921), who has spent many years in India, is now on furlough at her home in Nova Scotia.

Married: Recently, Miss Marjorie Snell (R.V.H., 1939) to Mr. Charles Fisher.

QUEBEC:

Jeffery Hale's Hospital:

At a recent meeting two very interesting addresses were given. Miss Tremaine told of her experiences overseas in the last war and of army life. Mrs. Strang spoke on Red Cross Work, resulting in the opening of a branch in the Hospital, for the nurses.

A Soldiers' Ward has been opened and Miss J. Andrews (J.H.H., 1939) has accepted a position as supervisor.

Miss Cora Sillers (J.H.H., 1928) has accepted a position as superintendent of the Beattie Memorial Hospital, Ormstown, P. Q.

Married: Recently, Miss Reta MacLean (J.H.H., 1937) to Mr. Harry Duchene.

SASKATCHEWAN

SASKATOON:

Saskatoon City Hospital:

Married: Recently, Miss Edna Emelia Olson (S.C.H., 1934) to Mr. F. S. Eyre.

Married: Recently, Miss Margaret Fleming (S.C.H., 1934) to Mr. Kenneth Mills.

Married: Recently, Miss Elsie Miller (S.C.H., 1923) to Mr. O. J. Waterman.

Married: Recently, Miss Elizabeth Schmidt (S.C.H., 1930) to Mr. Walton Stevenson.

. . . OFF . . . DUTY . . .

In this first Journal . . . of an unpredictable year . . . it seems natural . . . to meditate upon . . . the nature of Time . . . a mystery which has baffled . . . the human mind . . . ever since man lifted up his eyes . . . to gaze upon the starry heavens . . . The firmament was his first timepiece . . . and even yet he measures his little day . . . by sun and moon and stars . . . Not so long ago . . . he cherished the comforting conviction . . . that these heavenly bodies . . . are fixed and changeless . . . but in recent years . . . this belief has been undermined . . . by men of science . . . who tell us . . . that primitive man . . . looked upon another heaven than ours . . . and that the Pole Star . . . which guides our mariners . . . was not then set in its place . . . For a long time . . . we have had vague notions about all this . . . but full realization only came to us . . . a few weeks ago . . . when we had a chance . . . to visit the Hayden Planetarium in New York . . . As you enter the dim auditorium . . . you find a representation of the evening sky . . . gradually darkening as the stars come out . . . one by one . . . and a clear low voice tells you . . . the names of some of them . . . how far away they are . . . how old or how young . . . Presently the darkness deepens . . . the narrator is silent . . . and the Fourth Symphony of Brahms begins . . . As the music rises to its climax . . . the northern night is suddenly about you . . . "the sky was stars all over it" . . . But we had never seen that sky . . . nor ever will . . . unless as some predict . . . man learns to move about in a Fourth Dimension . . . This was the sky the cavemen looked upon . . . hundreds of thousands of years ago . . . not friendly and familiar . . . as it was last night . . . but remote and terrifying in its cold beauty . . . Then the music died away . . . the lights flared up . . . and where the stars had been . . . an illuminated diagram . . . equipped with moving arrows . . . explained away the mystery . . . in terms which utterly bewildered us . . . Even when a diagram keeps perfectly still . . . we seldom understand it . . . and those darting arrows . . . travelled much faster than we did . . . Space and Time weighed heavily upon us . . . as we took our homeward way . . . But in the western sky . . . steadfast and serene . . . a great star was shining . . . a flaming witness . . . that a day shall be as a thousand years . . . and a thousand years as a day . . . E. J.

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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administrative Building, Edmonton; (2) Miss J. Davidson, Royal Alexandra Hospital, Edmonton; (3) Miss M. Staley, 18 Arlington Apts., Edmonton; (4) Mrs. M. Tobin, 385-4th St., Medicine Hat.

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Manitoba: (1) Miss Evelyn Mallory, Children's Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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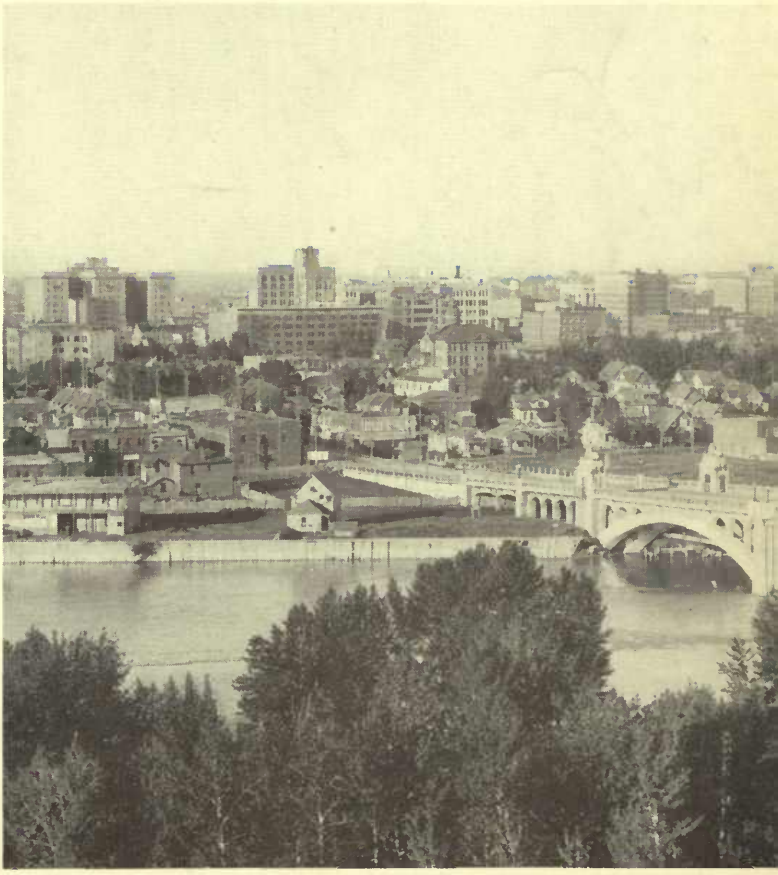
June 24-29, 1940
Calgary, Alberta



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FEBRUARY, 1940

A Background of Experience

The National Committee for Mental Hygiene (Canada) has rendered a great service by undertaking a study of the distribution of medical care and public health services in this country; a full report of this study is now available in book form and deserves the most careful attention of all concerned. Before commenting upon its conclusions and recommendations, mention should first be made of certain well documented statements which are given prominence in its pages:

1. Less than 10 percent of Canadian families have incomes in excess of $2,950. per annum.
2. More than two million Canadian families (about 4 to a family) have annual incomes of less than $1,000.
3. In 1936, the number of unemployed in Canada was 447,000, or 16.7 percent of the whole wage-earning group.
4. The average annual income of a male wage-earner in Canada is $927. and that of a female worker is $559. The average income of a graduate nurse is estimated at $914.

While no comment need be made here upon the social implications of these facts, their profound significance must be kept in mind. If we apply them realistically to the nursing situation, it is clear that ninety out of every hundred families in Canada cannot afford to employ a private duty nurse for any length of time; the average wage-earner cannot employ one at all, because his total income does not greatly exceed her average earnings, modest though they be.

There are, of course, other alternatives open to the average citizen:

1. He may go to a hospital.
2. He may receive care from a visiting nurse organization.
3. He may employ a non-professional nurse.

The hospital, and the visiting nurse organizations, have gone far toward providing skilled nursing care at a price which the average citizen can manage to pay. But the fact remains that the need of the community for such service is far from being fulfilled and nurses, like other wage-earners, know from personal experience, how bitter that need may be. There are patients (and many of them) who require *continuous skilled nursing care* in their own homes and who cannot afford to pay for the service of a professional nurse even though the lack of it may weight the scale against recovery.

No matter how willing or capable a non-professional nurse may be, there are times when her limited knowledge and experience make it impossible for her to deal effectively with a critical situation. In this issue of the *Journal*, Dean Effie Taylor, president of the International Council of Nurses, freely admits the necessity for and the value of the contribution made by the non-professional group. But when all is said and done, there still remains a need for skilled and continuous nursing care which only professional nurses can give, but for which only ten in every hundred Canadian families can afford to pay.

What, then, is to be done about the vast majority of our people? Is there no way by which the cost may be shared? We do not pay for an individual policeman or fireman to protect us from attack or from fire; and yet we may command the services of either in an emergency, because we make provision on a co-operative basis. Is this co-operative principle applicable to nurses and nursing? The Report of this study goes to show that it may be. As might reasonably be expected, emphasis is laid upon medical as distinct from nursing service. Nevertheless, the medical and nursing problems are sufficiently alike to warrant the application of similar remedies. First let us look at the principal recommendations embodied in the Report:

In view of the fact that medical care is unevenly distributed throughout Canada, together with the circumstance that so many citizens in the lower income brackets are unable to meet the costs of necessary medical attention, it would be highly desirable to foster developments in the direction of co-operative plans for medical, nursing, dental and hospitalization services. Such arrangements should be organized to spread the costs and so facilitate, as far as possible, adequate medical attention to every Canadian, regardless of his economic status.

While it is possible that Canada may eventually reach the stage when a federal scheme for medical care and public health services will be considered desirable, nevertheless, experience will be requisite in meeting the varied needs throughout the country as a forerunner to national planning—experience to be gained by local and provincial initiative and finance.

Immediate progress in the provision of adequate medical care services can be fostered for the considerable percentage of Canadians residing in rural areas by extending and improving the Municipal Physician scheme. Experience in Western Canada, particularly Saskatchewan and Manitoba, has demonstrated the practicability and advantages of this means of furnishing the services of general practitioners for rural municipal districts, with costs met through local taxation.

The effectiveness of Municipal Physicians can be greatly enhanced through the co-ordinate development, in rural areas, of local hospitals with approximately 50-bed capac-

ity to serve population units of 20,000. Each hospital would provide an office for the local health department which would serve the same population as the hospital itself. In such a plan, specialists' services and visiting nursing care would be developed.

Since there has been no experience in Canada in providing medical services on a co-operative basis in urban areas for low income groups, aside from industrial projects, it is suggested that municipal authorities, in conjunction with provincial departments of health, explore possibilities in this regard. There is an unquestioned need for a number of experimental demonstrations to gain a background of experience. It was through local experience in Saskatchewan in the employment of Municipal Physicians that planning for rural areas has been made possible. Through pioneering local efforts in cities, there will probably emerge workable systems that may serve as guides for widespread application.

The report points out that relatively few co-operative schemes for providing medical care are now to be found in Canada. Reference is made, however, to an experiment now being carried on in Ontario which is of considerable interest. The Ontario Medical Association sponsors what is known as "The Associated Medical Services Incorporated" and offers group-provision for medical care through a non-profit corporation. The amounts paid by those subscribing to the plan are $2.00 per month by the individual subscriber, with additional sums for dependents as follows: first, $1.50; second, $1.50; third, $1.50; fourth and each subsequent dependent, $1.00. The benefits to which the subscribers are entitled, at need, are:

1. Physician's service in home, hospital or office, including consultation, X-ray and anaesthetics.
2. Surgical procedures within the scope of a competent surgeon.
3. Semi-private hospital accommodation at a rate not to exceed $3.50 per day in an approved hospital, together with "necessary nursing".
4. The costs attendant upon childbirth, subject to certain conditions.

This co-operative plan began in a very modest way but its growth has been steady and the present membership is now considered large enough to assure the maintenance of adequate reserves. How far the provision of nursing service can be carried remains to be seen, but its inclusion among the benefits offered to the subscribers points the way toward further experimentation. Obviously it would be unwise to place too much emphasis upon the success of a single experiment; but a carefully planned scheme, conducted under sound medical auspices, is worthy of close attention. One of its most outstanding merits is that it does not depend on governmental aid and is therefore more likely to succeed at a time when taxation for war purposes is very heavy.

In the September issue of this *Journal*, attention was drawn to the valuable survey of the distribution of nursing service which has been conducted over a period of years by the Registered Nurses Association of Ontario, and which is still in progress. The findings of this survey have been used to advantage in the Report and add greatly to its value from a nursing point of view. The fact that the R.N.A.O. survey is relatively limited in its scope does not detract from its importance in the opinion of the National Committee for Mental Hygiene. Throughout the entire Report, the value of local initiative and actual experimentation is stressed repeatedly—and it is right here that we have most to learn from it.

No field is more important than that which, for want of a better name, we call "private duty"; yet, if we continue to ignore its problems and its potentialities, it will soon be lost to us. We would do well to remember that the *skilled* care given by a nurse to a patient is, and always will be, the fundamental activity upon which the practice of nursing rests.

If we are alive to certain trends, the focus of our thinking during the next few years will be the registry, and the means whereby it may be transformed and developed. If co-operative schemes are to be devised for providing skilled nursing in the home, the registry must play a leading part and those who are responsible for its direction should include able representatives from every branch of nursing practice. The task of the registrar in a modern registry entails such great responsibility that the best women we have are none too good for it. The members of a registrants' committee can only serve acceptably if they understand the social and economic factors which are involved, and they, like nurses in other fields, must seek to fit themselves for leadership. Naturally they will look to the departments and schools of nursing in our Canadian universities—a challenging opportunity to break new trails which will surely not be rejected by our educators.

The study made by the National Committee for Mental Hygiene has shed much light on the economic aspects of the practice of medicine. It lies with us to share the benefits of this illuminating and competent report by applying it to the practice of nursing. One of its conclusions especially deserves to be remembered: *There is an unquestioned need for a number of experimental demonstrations to gain a background of experience.*

—E. J.

Nursing in Finland and Sweden

NETTIE D. FIDLER

During the summer of 1939 the writer had the good fortune, through a Rockefeller Foundation travel grant, to visit Finland and the Scandinavian countries. A few of the impressions of nursing gained on this trip may be of interest and, in order to avoid repetition or too great length, I shall confine these to Finland and Sweden.

From Paris to Helsinki, capital of Finland, is a journey of three nights and two days by train and boat, though only six hours by air. One of my chief recollections of this journey is of an ever-increasing and incredible cleanliness, which had become decided in Denmark but was if possible surpassed as one went north and east through the Nordic countries. As the traveller comes into the magnificent harbour of Helsinki, she realizes that she is not only far North, but also at the beginning of the East. A suggestion of domes and minarets, the style of many buildings, great squares, give an impression that in our imaginations is Russian; and this is increased in the city by uniformed women acting as street car conductors and working on construction jobs. This impression, of course, is purely superficial, and would

STOCKHOLM AT NIGHT

not be considered flattering by any Finnish person. However, it is said to be a fact that women in Finland have equal opportunity with men in all occupations.

Finland has a Socialist government, and appears to be a truly democratic society. It is a small country of about three and a half million inhabitants, and is thickly wooded and dotted with many lakes. In fact, it frequently resembles the northern parts of Quebec or Ontario. It is not rich, but the people certainly do not seem poverty-stricken. Food is good and cheap. There are only a few large cities; these are in the main composed of buildings in the modern style of architecture and decoration in which these Nordic countries have taken such a pronounced lead.

Finnish nursing, as is well known to Canadians, is of a very high order. There is a State Board of Health, including a Nursing Department, which is responsible for public health and the care of the sick. Under this, one is impressed by the strong unified control of all nursing, and the way in which the service seems to cover the entire country — not as fully as they would desire, but completely and systematically. The result is much greater uniformity than with us; this of course may be simpler in a compact country of three million people than in a far-flung and varied one. Another thing that strikes one is that in spite of the undoubted excellence of the nursing service, the attitude is far from self-satisfied.

As our nurses come into existence in nursing schools I shall start with these. All training schools in Finland are state schools, except one or two deaconess schools which also come under the regulations of the State Nursing Division. There are six of these state schools, with three central preliminary schools. Students live at the state school and go to the hospital by the day. Formal teaching is not as extensive as in our schools. There was a great deal of building going on in Helsinki in preparation for the Olympic games in 1941. One of these buildings, which is out in the new hospital district, is going to be taken over by the state school afterward. It will house 500, and then all the undergrad-

uate students of Helsinki, and the students of the post-graduate courses, in public health and in nursing education, will be brought together there. There is at Pori a good general hospital, and the city and surrounding district are to be one public health unit. Here it is hoped to start a new training school giving a combined course of public health and bedside nursing.

In connection with hospitals, there is in Finland a situation which is the reverse of that usually seen. The State is responsible for general hospitals, and the local authority for mental and tuberculosis hospitals. The entire country is divided into districts for this purpose, and groups of counties together build a mental hospital and a tuberculosis sanitarium in each district. When the Russians left in 1920, there were only two or three of each; but already the Finns have built twenty mental hospitals, and fifty tuberculosis sanitoria having six thousand beds. As this whole scheme is new, the result is that they are mostly extremely up-to-date. Though there are no private wards, these excellent hospitals are patronized by all classes. Charges are very moderate.

Of the 7000 state registered nurses in Finland, about 700 are graduates of the Public Health school. All the counties are being divided into districts, each of which has a nurse doing general public health work, including bedside care with the exception of maternity work, which is done by midwives. Each nurse serves a population of 2000 to 3000. This service extends right up through Lapland and along the Russian border, where there are also several Red Cross outpost hospitals.

Midsummer night (June 23) is the great summer holiday throughout the northern countries. The hospitals as well as all other buildings were decorated with beech boughs, and there were parties everywhere. Many groups sat all night in the light of the midnight sun on the shores of the Baltic Sea, singing and drinking coffee. The night we crossed the Baltic from Finland to Sweden it never grew dark. Much the same sort of celebrations had gone on in Sweden, with a great deal of folk-dancing.

Stockholm, "the Venice of the North" is admittedly one of the most beautiful cities in the world. The architecture of the old city in the centre is rather North German in style; elsewhere it is apt to be modern. There are a great deal of water and lovely bridges. It is a sight worth seeing when the regiment in the sky-blue and silver Swedish uniform, with a very gay band, marches at noon down the Kungstradgarden and over the bridge to the Palace to change the guard.

As in Finland, the government in Sweden is Socialist, and social and industrial welfare have attained a high state of development. The chief ministry is the Ministry of Social Affairs, and it comprises the divisions of local government and municipal affairs, of social affairs in general, and of public health affairs, this latter including the Medical and Health Board, which has a nursing department. This allows for an intimate interplay between these obviously related divisions, and seems to provide an organization which is solid yet flexible.

There are twenty-two schools of nursing, state and private; a state college of Public Health Nursing; and courses for instructors and matrons conducted by the Nursing Association. Six or seven of these training schools are foundation schools; all others have a board which is separate from that of the hospital though in the smaller ones the head doctor is the principal of the school. Typical of the foundation schools is the best known, the Sophiahemmet. This

was established as a school of nursing for educated girls by Queen Sophia in 1884. A Swedish nurse was sent to St. Thomas's Hospital in London and then brought back to take charge. In 1887 a building was erected, and a hospital was built, really for the school. Sophiahemmet is a large school, however, and the students go to twelve different hospitals. The present head of this school, and responsible also for nursing in their own hospital, is not a nurse but a teacher.

In Sweden, the typical school has till very lately resembled the German *mutterhaus*. The nurses remained members of the group all their lives, had common economic interests, and the school placed them in positions. There was rather a religious tone. It is only recently that the Sisters have permission to wear civilian clothes. Student nurses still wear uniforms at all times, on or off duty, except for sports and vacation. There is still at Sophiahemmet a residence for old Sisters, retired, where they can board cheaply; and the Sisters on retirement have a pension from the School in addition to the State pension.

All twenty-two schools are approved by the Medical Board, which also inspects them, but does not support them. One result is that on graduation a nurse is automatically registered, and does not need to write an examination for this purpose. As in Finland, theoretical instruction is brief in comparison with ours. In Sweden, it is given entirely by the block system with very long unbroken practice periods alternating with brief teaching periods, except in the case of special training such as pediatrics, tuberculosis, and psychiatry.

Concerning public health in general, while the Medical Board is the central advisory and inspectorial authority, the County and City Councils must see that every county has a sufficient number of general hospitals, infirmaries, and hospitals for infectious diseases, though the state gives help in their support. In every county there is one big central hospital with all the general services, and smaller cottage hospitals around. Tuberculosis is cared for by the co-operation of the State, the local authorities, and certain private institutions. Thus all types of medical service are largely state medicine. This includes certain individual practitioners. These "provincial doctors" are appointed by the state and receive a salary, but may also charge small fees at fixed rates. It is interesting to note that the decree laying down the functions of these district physicians was issued in 1744. State posts are much sought after and the best men go into them.

The County is now also responsible for employing public health nurses and is divided into health districts, each with a Medical officer of Health, and each supposed to have as soon as possible a certain number of public health nurses. The State helps here by paying about one-third of the salary of each nurse, and they get a State pension. There are now 8400 active nurses in Sweden, of whom 70 percent are in hospital work, 20 percent in public health, and 10 percent in private nursing. They hope soon to have 2000 public health nurses, each with 2500 to 3000 people in her district. They also expect to have in each of these districts a child welfare centre, school nursing, tuberculosis and general work.

Sweden has an extremely active Red Cross Society, of which Prince Carl, brother of the King, is chairman. They interest themselves in all hygienic and medical matters, but of late especially in the care of the sick in isolated rural districts and in Lapland. The society has particularly concerned itself with the transportation of the sick, and has es-

tablished a plane-ambulance service in Lapland.

Sports are considered of much value in building the national health, and in promoting social and democratic attitudes, and are encouraged in every way. Student nurses have two uniforms — a nursing uniform and a sports uniform; and all nursing schools have gymnasia and instruction. Whether it is due to sport or not, one certainly sees here very fine-looking people.

As one looks back on a happy visit to the Nordic countries, one hopes fervently that they may be able to continue peacefully developing the sane and healthy democracies they have built up.

Editor's Note:

The visit to Sweden and Finland which is described in this article was made in the summer of 1939, a few weeks before the outbreak of war.

Taking the Western Trail

In the January issue of this *Journal*, it was officially announced that the general meeting of the Canadian Nurses Association will take place from June 24 to 29, in Calgary, Alberta.

In these troubled times it is most desirable that Canadian nurses should meet to take counsel together, and that can best be accomplished by the direct personal contact that the General Meeting affords. Reports of committees and the minutes of executive meetings help to link our scattered groups together, but when all is said and done the best way to deal with most issues is by open debate. The impact of one mind upon another gives off the vital spark from which the torch is kindled.

The nine Provincial Associations of Registered Nurses, which together constitute the Canadian Nurses Association, will surely be well represented by their appointed delegates. But the salt and savour of a General Meeting is afforded by the many free-lance members who attend "on their own". These are usually drawn from the ranks of the younger nurses, and their contributions to the various discussions have a zest and spontaneity which liven up sessions which might otherwise be too formal.

One of these young nurses said the other day that she thought that "the old Ford could make it, once it struck the prairies" although she evidently was not quite sure what the ancient vehicle could do on the hills. It must be admitted that the road to Calgary is a long one, especially if you come from Quebec or the Maritimes, but for a good part of the way, the grades are easy and the roads are good.

If you have never seen the West, June is the time to take a good look at it. This is the month when the wind ripples gently over the fields of fresh green wheat and the wild roses are in bloom beside the western trail.

The Auxiliary Worker in the Care of the Sick

Effie J. Taylor

I am sure you are aware that you have given me a difficult topic to discuss. It is one, moreover, which, because of its difficulty and the many factors involved, cannot be dealt with sentimentally, nor can it be put aside without the most thoughtful and intelligent consideration, even though its implications may offend our ideas of professional justice and our wishful professional thinking.

During the past seventy-five years nursing has had its ups and downs. While we are confident that progress has been made, we are filled with anxiety lest much that has been accomplished will be set at naught should our present standards of professional nursing fail to satisfy the needs in the care of the sick. What will happen to nursing as a profession is more vital to us than it is to those who use the services of nurses. The standards set by nurses themselves, for professional protection and advancement, are of less importance to the average public than that enough nurses, of one kind or another, are available who will respond to the varied and miscellaneous calls, which, in their judgment should be satisfied.

Two major issues confront us. The most important is effective service to the public, and the other, which is definitely bound up with the first, is the maintenance of ideals for the profession. We have contended, as a profession, that the patient will be better served through improving standards in the selection of candidates for schools of nursing, because these students ultimately become members of the profession. We have maintained, and rightly, that the education of nurses should be held on a high plane and should be advanced as medical knowledge progresses and as the result of scientific studies is made available. Nursing education must be changed to meet the advancing ideas for the cure of disease and the promotion of health. In all countries, national nursing bodies are convinced that nursing requires for the performance of its serious and demanding activities, better prepared and more mature young women than many of those who were taken into our schools during past years. To maintain traditions and principles we believe to be of great importance but at the same time to meet the increasing demand for more and more nurses has been a serious question. Our failure to do both adequately has caused us great anxiety and has placed some of our standards in jeopardy.

When demands are made upon any professional body and are not satisfied, some other group, lay or professional, is very likely to take the matter in hand. In most cases, scant attention is given to upholding the criteria which have, in their opinion, failed. This fact I am convinced we cannot ignore nor can we dismiss it from our consideration.

I believe we have reason to state that if organized nursing had been able to satisfy all the demands of the public for service in the care of the sick, very little pressure would now be brought to bear on the profession itself to accept standards on a lower level. Somewhere along the line, whether wilfully or otherwise, we have not succeeded in supplying enough nurses of the proper kind to meet the needs for the care of the sick, and it is for this reason that we are faced with the alternatives which are not pleasant to contemplate. Perhaps the

members of the profession itself are not entirely without blame. Our system of training in any case has not been faultless and its deficiencies have demonstrated its frailties.

You are no doubt familiar with nurses who on private duty will not respond to calls unless these happen to suit them. Some will not take night duty; others will not care for chronically ill patients. In our country, some nurses register against the care of obstetrical patients, or children, or patients with mental diseases; others refuse to go to the country or to remote rural areas, and still others will not care for patients with contagious diseases. Nurses have obtained, whether rightly or wrongly, a reputation for independence, and in some members of our profession it may be apparent that the spirit of service is singularly lacking. I am convinced that the indifferent attitude of some professional nurses to their obligations has been no small factor in bringing about the situation in which we find ourselves today.

By some people, organized nursing is looked upon as a closed corporation, and its greatest concern the advancement of the profession rather than service to the sick. I doubt that such a charge is wholly justified, and yet not infrequently we do find distressing situations which would be hard to explain on any other basis. The other side of the picture is concerned with the conditions under which nurses have been forced to work — long and tedious hours; small remuneration; arbitrary domination; little consideration for their lives as human beings, their social status, and their opportunities for advancement. With conflicting forces at work, it is small wonder that problems relating to supply and demand have arisen, and already the profession has been called upon to grapple with problems relating to the status of the subsidiary worker.

This type of auxiliary, by whatever name she may be called, is here to stay and our problem is what to do about her preparation and control. In some parts of our country she is called a practical nurse — a term I have never approved — and in others an undergraduate nurse; but the term we like best is trained attendant. This designation has been in vogue at times and discarded at others because of its connotation. However, by making the work, the training, and the compensation honourable, as well as by recognizing and protecting her status by law, the title is now acceptable in many states. A number of young women of a good type have trained in schools for attendants and appear to be rather well satisfied to be known as such. The control of the word "nurse" has not been possible, although attempts have been made through legislation to protect the term and limit its use to the graduate and registered nurse. But, as far as I am aware, this has not been successfully accomplished in any state.

The situation in the United States and in Canada is not entirely similar to the situation in Britain. In neither of our countries have we national registration. In all of our States or Provinces registration is required, but each State or Province has the power to make its own laws and these differ materially in requirements. On account of the variations in requirements, our system is complicated.

The problem which also faces American nurses is somewhat different from that with which the English nurses are contending. As far as I know, there is no serious shortage of nurses at present, although at times nurses in sufficient numbers cannot be found to meet the needs in certain areas. Nurses, like other workers, gravitate to the large centres, and the small towns and rural areas suffer in

consequence. The problem in America is one of distribution rather than shortage. The agitation for a second-grade person who cares for the sick, is based on the patient's ability to pay, upon the needs of the household, and upon the demands of the medical profession, some of the latter we regret are satisfied with motor rather than intellectual efficiency.

You are doubtless aware that in the United States we have no compulsory sickness insurance, although we have some voluntary provision for hospitalization and nursing care. Those of us who believe that sick people, whether rich or poor, require the highest type of skilled care performed by competent cultured and well-trained women, also believe that the kind of nursing care which patients are to receive should not depend upon their income, but entirely upon their need and medical condition. The majority of our nurse educators feel that there is a period in the illness of patients, and that there are types of minor ailments when skilled nursing care is not so essential. We believe that there is need, therefore, for someone to perform the services which are largely dependent upon motor skill and to provide for certain physical and domestic needs.

The questions of importance for consideration are: how should such persons be trained; for what types of illness should they be permitted to care; by what term should they be called; what should be their remuneration; by whom or by what type of organization should they be controlled; and should all persons who care for the sick be licensed to practice?

May I try to discuss some of these questions in terms of our experience rather than by voicing my own personal opinion? When these subsidiary workers are trained at all they are trained in institutions (except in mental hospitals) where no training schools for nurses are maintained. The training may be from six months to a year, and the subjects included in the course of study are elementary in nature, while the entrance qualifications range from grammar to high school.

In the majority of States, I regret to say, the function of the second-grade person who cares for the sick in the home is not limited by law to minor illness and to the performance of household duties associated with illness. Too often she may be called into the home for cases of minor illness which later prove to be serious in nature; consequently this untrained or half-trained person frequently performs the duties which for the safety of the patient should only be performed by an adequately trained and registered nurse. The doctors are often satisfied with the kind of care this person gives, and it is in this particular that most of the difficulty lies.

There is a difference of opinion as to how the work of this person should be controlled, but I believe I am safe in saying that the majority of our nurse educators and administrators favour license for practice, and control by our nursing registries and bureaux and by organized nursing. It is a growing belief in both Canada and the United States that all those who care for the sick should be subject to regulations set up by the examining bodies. We know there are certain hazards, but we believe there are greater hazards when a free-lance practice is permitted.

We are convinced that in the interest of the patients, and also of the profession, general supervision and control is necessary if the need must be recognized and we are of the opinion that it cannot be avoided. General education of the public in relation to the practice of nursing and care of the sick in any form should be the function of the organized profession. Today, in our country it is too

often true that patients do not know what kind of care they need, nor what type of person is qualified to give that care. A good deal of public education (as well as the education of the medical profession and ourselves) must be carried forward.

Probably we are all agreed that, if it were possible, only the registered professionally trained woman should be called a nurse but as I stated earlier in this discussion, the protection of the word "nurse" has been attempted in our country and has failed. We can protect the terms registered or certified or graduate nurse, but "nurse" itself has too long been used in the household, and by non-professional people to hope that public opinion will support its restriction. It is the opinion of many in the United States that the assistant or less qualified person should be called an attendant, and as we have stated previously, laws have been passed successfully in some States, and in some Provinces, to this end.

In many States the term "practical nurse" is in current use, and in New York State it was necessary to specify this grade of nurse in the Nurse Practice Act in order to obtain desirable legislation for the licensing of all those who care for the sick for remuneration. Such legislation has been enacted recently. The fact that a "practical nurse" had to be mentioned is greatly deplored. In Connecticut, through a new nurse practice Act, we attempted to provide that all persons caring for the sick for remuneration should be licensed. Some concessions had to be made but we were successful in securing legislation for the training and certification of the trained attendant. Ths group will come directly under the authority and supervision of the State Examining Board of Nurses. No mention in this bill is made of a second-grade nurse, but it does not entirely preclude the "good neighbour" from acting in the capacity of a nurse and receiving payment for her services. The bill, however, provides for the registration and licensing of only two classes of persons: the graduate state registered nurse and the certified trained attendant.

In hospitals and in Visiting Nursing Organizations we use what are called subsidiary workers and such persons may assist with the care of patients under supervision and usually perform duties which are accessory to the actual nursing care of patients, such as making empty beds, assisting with baths, feeding helpless patients of certain types, caring for linen, utensils and the patient's flowers. These workers also sit with patients who must be constantly watched, and perform such duties as the bathing of hands and face before meals or after treatments. Workers of this kind conserve the time of nurses and make it possible for the professional nurses to extend their efforts in giving the skilled care required by the sick patients.

I am convinced that organized nursing must attempt, as far as possible, to make the profession of nursing more attractive to a better type of young woman if we must face the probability that subsidiary workers will also be used in giving care to the sick. Nurses must be imbued, by some means or other, while in training and thereafter, with a clearer concept of service in order that public confidence will be restored, and nothing less good than the best will be desired. At the present time, to our regret, the doctor and the public sometimes assert that the second-grade person is more acceptable in the home. Provision must be made and control exerted for some type of auxiliary worker to fill the need not met by professional nurses, and we must agree that there are many such needs.

The most thorough and clear type of

public education must be carried on in every country concerning the great importance of providing, in some way or other, the highest type of intelligent and skilled nursing care for all sick patients without consideration as to their ability to pay. The public in every case should know what they are getting and for what they are required to pay. It would seem logical to infer that those who require the services of a nurse — lay people as well as the medical profession — will co-operate when they are convinced that something more than merely the status of the professional group is at stake, and I am of the opinion that the convincing is our responsibility.

Editor's Note:

At the twentieth annual meeting of the Association of Hospital Matrons, held in London, at St. Bartholomew's Hospital, on July 8, 1939, Dean Effie Taylor, President of the International Council of Nurses, by invitation presented some of the means by which American nurses are seeking to solve the problems associated with the care of the sick by personnel other than graduate registered nurses. This article is the substance of that address.

Nursing Service, R.C.A.M.C., C.A.S.F.

After a quarter of a century history repeats itself, and hundreds of Canadian nurses are anxiously inquiring how they may join the Royal Canadian Army Medical Corps, Nursing Service, for duty at home or abroad. Also, the Overseas Nursing Sisters, veterans of the last war, many of whom were very young in 1918, are again volunteering. Every District throughout Canada has a long list of applicants, all graduates from recognized training schools, a great number with valuable experience in special branches such as administration, surgical nursing, X-ray, and anaesthetics. The Canadian Red Cross Society, in all large centres, keeps a list of nurses enrolled for duty in war or disaster.

In peace time, the Permanent Force Nursing Service on duty in Canada is very small, one Matron and ten Nursing Sisters, in most Stations one Nursing Sister only. The Medical Officers, Sisters, and non-commissioned officers, in Military Hospitals hold courses to qualify nurses for the Royal Canadian Army Medical Corps, Non-Permanent. These Sisters, after passing required examinations, are called to the Military Hospitals when needed for special cases, camp or relief. They are keenly interested in military work and have taken the month's course, attending lectures and spending specified time on duty in the wards, without pay. In this way there are always new graduates who under-

stand military routine. Their rank is Nursing Sister (Non-Permanent), and they may wear the uniform when on duty in Military Hospitals. In war time, the Military Hospitals are filled to capacity with patients from Training Centres, and of course there will be many more hospitals organized. In Military District 2, No. 15 General Hospital has utilized the old Grace Hospital buildings in Toronto for their Unit; these are now equipped for military patients. Col. C. A. Rae is Officer Commanding, and Miss Agnes Neill is Matron. The Nursing Sisters are graduates from Hospitals in this District, although a number come from homes in other Provinces. District No. 11 has No. 5 General Hospital in Winnipeg, with a number of Sisters one of whom, Nursing Sister Hearn, was overseas during the last war.

Turning from Sisters to their uniforms, we have first the "service uniform", worn with organdie veil. This was designed when Canada first organized a Military Nursing Service, and is unchanged although the length of the skirt has varied many times with the years, and the original high linen collar was condemned during the last war, unmourned. A white gored apron is worn when on duty in the wards. The cape also is unchanged, except that cherry lining was substituted for scarlet some years ago, when the Royal Army Medical Corps on which our Medical Service is based, made that change in their colours.

The great coat, which originally boasted six brass buttons on each side, now humbly displays three plain black bone ones in their place. Rank badges are worn on each shoulder-strap of both service dress and great coat, but not on the recreation suit or raincoat. These badges are:

Matron-in-Chief—One Crown

Matron—Three Stars

Nursing Sisters—Two Stars.

Full dress, though still in dress regulations for the Permanent Force, is being laid aside for the duration of the war. The new note is a navy blue recreation suit with a small R.C.A.M.C. badge on each rever, mid-blue shirt-waist, and a tie. This is worn with navy blue uniform hat and badge, and may be used with either cape or great coat in cold weather. The veil, of course, is never worn with this. Throughout Canada, a number of firms are supplying uniforms, of best procurable material, made according to regulations, on a non-profit basis.

Like the soldier, every applicant before joining the Nursing Service must be physically fit. Ability, cheerful temperament, and adaptability are most important qualities for the Nursing Sister. Much difficult and important work lies ahead for these professional women, but training, youth and high ideals should carry them through with flying colours. Canada will surely have every reason to feel proud of her Nursing Service.

Editor's Note:

This statement has been released for publication in this *Journal* by the proper authorities.

Evening at I. C. N. Headquarters

By way of a Christmas greeting, Miss Effie Taylor, President of the International Council of Nurses, and the acting-secretary, Miss Calista Banwarth, sent the *Journal* this delightful photograph and a message of goodwill:

Due to calamity and distress, we International Nurses are bound more closely than ever before by ties of sisterhood and the dedication of our lives to the service of our fellowmen. In spite of the fact that we are set apart, on the one side by the Atlantic and on the other by the Pacific, in spirit we are not separated by space nor are we bound by any influence dominated by the will of man. We are working implicitly believing that Divine Power will restore peace and happiness again to a troubled world; we are trusting for this with faith and vision. We are hoping to share each other's confidence and thus strengthen our relationships during this crucial period.

The skies are still dark, and it is hard to speak calmly of what has happened in Finland. The nurses of this indomitable country are among the best in the world, and from their ranks have come some of our most outstanding leaders. In 1925, the I.C.N. met in Helsinki and nurses from every part of the world agreed that the spirit of a free people made itself felt in all that was said and done there. In the words of our International President, "in spirit we are not separated by space". The hymn written by Sibelius and sung by the Nurses Choir, still echoes in our ears — Finlandia!

APPOINTMENT OF NURSING SISTERS

The Canada Gazette announces that the following have been appointed to be Nursing Sisters, Royal Canadian Army Medical Corps:

Frances M. Copeman, Dorothy H. King, Merle A. Kerr, Hester J. Lusted, Jean Buchan, Mabel Glew, Ethel M. Jamieson, Ethel P. Sunderland, Helen L. Thompson, Lorene L. Cheney, Agnes D. Potts, Marion L. Tomlinson, Constance E. Hoare, Ruth Thomson, Margaret A. Jarvis, Ann U. Murray, Florence M. Bateman, Lora M. MacKay, Fernne E. Boehm, Jean H. MacDonald.

Mary R. Shaffner, Frances G. Charlton, Mary C. McDonald, Margaret Zeggil, Grace E. Cowieson, Elizabeth S. Ford, Olive L. Hackney, Alice C. Tavener, Jessie K. Sangster, Ruth MacLean, Margaret H. Kellough, Emma J. Sweetnam, Irene E. Mick, Helen J. Howe, Marjorie L. Black, Edna L. Benns, Winnifred M. Hendrikz, Helen S. Elliot, Dorothy A. Macham, Ethel G. MacKenzie, Francis P. Collins, Frances S. Tetlaw, Elizabeth I. Fenton, Margaret E. Marshall, Marion E. Bell, Edith M. Read, Ella L. Sargent, Doris J. McCormack, Eleanor M. Acheson, Margaret W. Carruthers, Irene B. Seeds, Margaret M. Whitaker, Isobel M. Millican, Edith Kergin, Dorothy M. Herson, Eleanor C. Purdy, Ruth G. Austin, Sarah Eede, Drena E. Birkett, Jean A. McCannell, Dorothy W. Riedel, Charlotte M. Cooper, Martha I. Corbyn, Helen M. Wilkin, Eleanor M. Jones.

Martha B. Hearn, Annie E. Taylor, Florence A. O'Donohue, Jean Machray, Lillias M. Blackburn, Marjorie E. Lounds, Helen Dyck, Agnes I. Lang, Anna M. Cran, Evelyn D. Gregory, Kathleen G. Corke, Janet A. S. Parker, Nancy C. Hall.

Jessie R. Coleridge, Matilda N. Devere, Gladys A. Campbell, Mamie L. Eager, Gladys M. Wilkin, Agnes Paquet, Rose Hamelin, Bertha A. Lord, Nesta O. Anderson, Anne M. Cloutier, Eileen J. Brewer, Lillian T. Arnott, Jeanne Clavet, Vivian E. Wrye, Mary Timmons, Marion E. Fife, Christeen M. MacIver, Aline Vezina, Eileen M. McMurray, Irene M. Henderson, Audrey I. Cochrane.

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments to, and resignations from, the Victorian Order of Nurses for Canada:

Miss Laura Wall, graduate of the School of Nursing of the Ottawa Civic Hospital and of the course in Public Health Nursing, University of Toronto, has been appointed to the Winnipeg staff.

Miss Jean Leask has been transferred from the Toronto staff and took charge of the branch in Regina, Saskatchewan, replacing Miss Curry.

Miss Carolyn Curry is to take charge of the Sydney branch replacing Miss Anna MacKenzie. Miss Curry was formerly in charge of the Regina Branch.

Miss Bessie Skinner is being transferred from the Hamilton staff to the position of nurse-in-charge of the branch at New Liskeard, Ontario, to replace Miss Elsie Franks.

Miss May Deane-Freeman, formerly in charge of the branch at Edmonton, Alberta, has been admitted to the Montreal staff.

Miss Lillian Wixon, recently of the Hamilton staff, has retired.

Miss Gertrude Comeau has resigned from the Moncton staff to be married.

Miss Elsie Franks has resigned from the New Liskeard branch to accept an appointment with the Department of Health in Kirkland Lake.

Miss Anna MacKenzie has resigned as nurse-in-charge of the branch at Sydney, Nova Scotia.

Appraisal of Student Work

HELEN CARPENTER

Students taking the course in public health nursing which is given at the School of Nursing, University of Toronto, come to the Victorian Order of Nurses for one month's experience. They are assigned by the School in groups of ten during three months of the year and the educational director of our Victorian Order Staff guides their experience. She gives demonstrations and arranges conferences which include a discussion of health teaching, recording, and a demonstration of each type of visit. The students gain their experience in the various districts of the city and are assigned to a staff nurse who, with the assistance of the district supervisor and senior nurse, directs their work. Supervision is shared by the staff nurse, the senior nurse, and the supervisor and before the conclusion of the month's experience, a report of the student's work is written and discussed with her. These reports are returned to the School of Nursing. This appraisal of her work is not in reality a finale to the student's experience. It is, rather, a continuous survey of her growth during field work.

What are the objectives of appraisal and why do we attempt to write a report of the student experience during one month in the field? We immediately think of the need on the part of the School of a grading, or ranking, a judgment of ability shown. We also think of the need for such a report to be available for future employers of the student. There is, however, a far more valuable objective than these — that is, self-appraisal. Virginia Robinson, in her book on "Supervision and Social Case Work", says that "the ultimate goal of evaluation is the development of the capacity and knowledge to evaluate one's self." Self-evaluation, with guidance, leaves the nurse independent and with a sense of responsibility for her own development. It implies the removal of fear and creates a mutual respect between the experienced and inexperienced worker.

Appraisal records may be used, in this sense, as teaching material. They may become a summary or review of the student's work in all its aspects: commending strengths, recognizing weaknesses, and stimulating the student to professional development. Many of us had little opportunity to be guided in this way during our hospital training. Reports were written, and we read them if we were willing to go to the training school office and avail ourselves of this privilege. Our growth as a result of this perusal, was left to our own understanding of the contents. An "appraisal conference" would in many cases have promoted mutual understanding and respect, and a broader professional growth.

With this objective of self-evaluation in mind, let us turn to a consideration of the content of our appraisal record. We might summarize the data we wish to evaluate under the following headings:

The student's ability in nursing:

1. The adequacy of nursing care which she is prepared to give.
2. The ability to differentiate the care which should be given in relation to the type of home; the type of illness; the assistance which is available in the home; the intelligence of the home assistants.

3. Her ability to adapt the basic principles of asepsis, in surgical dressings, communicable disease visits, etc.

The student's ability as a teacher:

1. Recognition of opportunities.
2. Use of principles of learning.
3. Soundness of content — knowledge of scientific data for teaching.

Ability in recording:

1. Neatness, accuracy, promptness.
2. Ability to choose essential data to record.
3. Appreciation of the value of records.
4. The use made of the record before, during, and after the visit.

Ability in organization of work:

1. Effective use of time.
2. Management of case load.
3. Organization of visit.

Ability to use community resources and to conceive of public health nursing as a community service:

1. Co-operation with the medical profession.
2. Co-operation with other nurses.
3. Co-operation with social agencies.

Personal qualifications for public health nursing:

1. Personality.
2. Manner.
3. Tact.
4. Poise.
5. Dependability.
6. Professional appearance.
7. Ability to use supervision to promote student's own growth.

To secure accurate information regarding all these skills for each student is a difficult task. Perhaps it is right to set an objective beyond one's ability as a goal toward which to work. Our aim is to review for the student her abilities as we have seen them, with the hope that she will be guided and assisted by our observations. In order to do this, we must assemble the facts into a behaviour picture, being careful to avoid stressing one phase of her work above another. The ability to do this requires skill and practice. We have to consider the inexperience of the student in our particular field, and to appreciate the effort she has made in her limited time with us. Above all, we must strive for objectivity.

Miss Louise McManus, in an article on pre-tests and comprehensive integrating examination says: "the measurement of actual nursing practice may determine any one student's attainment, but the evaluation is of necessity largely subjective and of value only in so far as the judgment of the observer is sound." In order that our judgment be sound, we must develop what Ralph Noyer calls "consistency in dealing with others, habits of using facts in reaching decisions, an objectivity of mind."

Grading has been included as part of my subject, and to me the most difficult part. Perhaps we all feel vague about this phase of our appraisal reports. For one thing, we usually appraise staff nurses; students are with us only two or three months of the year. There should be a marked difference in the standard by which we appraise these two groups. But it is difficult to set that standard. Miss McManus says, in reference to observations of nursing practice: "this type of comprehensive examination lacks one very valuable attribute of an examination — comparability. As only one nurse can be watched carefully at a time, it is impossible to compare the attainment of one nurse accurately and objectively with the attainment of another."

If we could work out some standard (key) as a guide to the grading of student, I am sure we should all be assisted in this difficult task. Some efforts of this kind have been made. One example, that of the Welfare Division of the Metropo-

litan Life Insurance Company, I have before me. They have listed the various skills to be considered, grading the nurses attainment of them as A, B, C, D. This would compare to the grades, superior, above average, average, and below average of our student record. A description of the efficiency expected for each grading is enumerated, for example — one of the following appraisals might be made concerning a student's command of the subject matter of her teaching:

Grade A: Knows thoroughly the subject matter she discusses daily and has a wide scope of knowledge in related fields. Keeps up-to-date with advances in medicine and nursing.

Grade B: Usually knows subject matter she discusses daily but somewhat limited scope of knowledge in related fields. Usually up-to-date in advances in medicine and nursing.

Grade C: Not always accurate in her statements of health facts, and is very limited in her knowledge of related fields. Is (or is not) up-to-date in advances in medical and nursing sciences.

Grade D: Has very little knowledge of the cause and prevention of disease and of health promotion. Knows very little if anything of related fields. Makes inaccurate statements. Knows practically nothing about recent advances in medical and nursing sciences.

Private Duty Nurses Surprise Themselves!

A Comedy in One Act

by MADALENE BAKER

Scene, The annual meeting of the Private Duty Section of the Registered Nurses Association of Ontario.

THE CAST, in order of their appearance:

Miss District Representative,	(Keen, alert, inquisitive)
Miss Employment,	(Elderly, conservative)
Miss Eight-Hour Day,	(Vital, fairly young, up-to-date)
Miss Registries,	(The 'heavy' who springs the surprise)
Miss Hourly Nursing,	(Pale, anaemic, drooping)
Miss Education,	(Scholarly, but not convincing)
Miss Progress,	(The juvenile)

Miss District Representative:

Do the majority of private duty nurses in the Province belong to the R.N.A.O.?

Miss Registries:

I am sorry, madam, but our Section Membership has not nearly reached its potential possibilities. However, private duty nurses in most districts are becoming more interested in their professional activities, resulting in an increase in our Provincial Association Membership. In some centres local groups have made membership compulsory for eligibility to register.

Miss Employment:

I find the situation a trifle different in my department. Employment is down

slightly in comparison with 1938, but centres where there had been a marked increase report that this is due to the adoption of the eight-hour day.

Miss District Representative:

Have shorter hours done much to correct unemployment?

Miss Eight-Hour Day:

A great deal. There is approximately a 50 percent increase in calls. While we are pleased that employment has been stepped up by its adoption an even more outstanding feature resulting from this development is the quality of the service. It is more efficient, more economically within the reach of a greater number of people. It provides as near to normal living as private duty nurses have ever enjoyed. The popularity of the plan may be measured by a recent vote after a year's experiment. The result was 236 for, and only 2 against.

Miss District Representative:

And to what causes do centres with decreased employment attribute their situation?

Miss Employment:

This is rather difficult to ascertain, but they believe the reasons to be economic conditions. The doctors are recommending practical nurses, and the continuance of twelve-hour duty.

Miss Eight-Hour Day:

Well, the experimental stage is past and eight-hour duty has come to stay. Its increased popularity is most evident. Four districts even report increased demand for this service in homes.

Miss District Representative:

Miss Registries, do you think registries, as they exist to-day, are giving the help they might in solving the problems of the private duty nurse?

Miss Registries:

I am afraid not. Usually registry activities do not extend beyond a clearing house for private duty nurses, and their guiding policies are very uniform.

Miss District Representative:

Just what do you mean by that?

Miss Registries:

Do you realize that over ninety percent of the registries in the Province of Ontario servicing private duty nurses, are hospital registries? One of these hospital registries operates under the direction of local graduate nurses associations; a small number operate under the direction of Alumnae Associations or Alumnae Association Boards, and the remainder are managed in hospital offices, under no appointed group?

Miss District Representative:

This *is* a surprise! But surely there must be a number of organized central registries in the Province?

Miss Registries:

Believe it or not, there are only *four* central registries, managed under the direction of elected boards. In addition to this, in one city two groups are being serviced by their own registries outside of hospitals and under the direction of boards. There are a few drug-store registries, with call service only.

Miss District Representative:

This doesn't seem possible. How about registry fees?

Miss Registries:

The fees in the four organized registries range from $5.25 to $10.00 per year; in some drug-store registries the fee is $5. per annum. A small percentage of the hospital registries charge a service fee ranging from $1.00 to $3.00 but the great majority charge no fee at all.

Miss District Representative:

It is strange we have never realized this before. Can you tell us, Miss Registries, how practical nurses stand in this registry problem?

Miss Registries:

One central registry accepts practical

nurse registrants, with one other considering the matter. Three centres report commercial practical nurse registries, and one centre states that practical nurses register with an employment bureau The remainder are found in the lists that doctors carry in their vest pockets, or are made known by friends.

Miss District Representative:

Do you think practical nurses should be included amongst registrants?

Miss Registries:

Yes. If we ever hope to bridge the gap between those needing nursing service and not receiving it we will have to learn to work in correlation with this group. Experience has taught us that there is a definite place for this type of worker.

Miss Hourly Nursing:

I do not understand, Miss Registries, why you and the other members have so much to tell us. As for me, I am so undeveloped that I have no strength to report any activities at all. And my sister, Salaried Service, is nearly as bad, although she appears to be picking up perhaps better than I am. Her work is accepted in a few centres at the request of doctors and the public, subject to the approval of the registrar.

Miss District Representative:

I am afraid you really will have to go on an advertising diet, Miss Hourly Nursing, before we can expect you to develop to any great extent. But what seems to be the difficulty with your sister, Salaried Service?

Miss Hourly Nursing:

Some difficulty has been experienced in persuading private duty nurses to accept this service although, so far as we have been able to ascertain, all calls have been filled unless the salary offered was ridiculously low. The majority of districts report that they believe practical nurses are employed because no similar salaried service is offered by graduate nurses.

Miss Education:

I am wondering if perhaps some of our difficulties are not the fault of the private duty nurses themselves. You know they say you can lead a horse to water, but you cannot make him drink, and I am sorry to say that while educational and "problem" programmes have been arranged, they have not been well attended.

Miss District Representative:

This is something, as you say, that we can blame on no one but ourselves, and we shall certainly have to make an effort to attend these meetings. How about you, Miss Progress, have you any advancement to report?

Miss Progress:

There has been a definite acceptance of the eight-hour day in centres which have experimented with the plan, and considerable thought and action regarding education in service. Post-graduate studies have been pursued in the fields of psychiatric nursing, pediatrics, obstetrics, and laboratory work. Ontario private duty nurses are not content to let the grass grow under their feet. There are only a very few centres where the eight-hour day has not been adopted and the organizing and re-organizing of Registries is out in front. There is a dawning realization that we do not meet the public need in nursing service, and we are reaching out in an attempt to solve one of to-day's most important problems. The co-operation barometer is going up. "Group-itis" is subsiding. We need help from other Sections, and we want it. Pallbearers are being chosen for "section individualists". We are on our way in an attempt to provide nursing service for all the sick, and work for every nurse.

CURTAIN

Reader's Guide

A Background of Experience summarizes the findings and recommendations of the Study of the Distribution of Medical Care and Public Health Services in Canada, recently made under the auspices of the National Committee for Mental Hygiene (Canada).

Miss Effie J. Taylor, President of the International Council of Nurses, gives a frank and fair-minded analysis of the rôle of the subsidiary worker in the care of the sick. Miss Taylor is the Dean of the Yale University School of Nursing.

Miss Nettie D. Fidler gives a vivid picture of the nursing situation in Sweden and Finland prior to the outbreak of war. Miss Fidler is the supervisor of hospital courses in the University of Toronto School of Nursing.

Miss Helen Carpenter has outlined the principles upon which the appraisal of student work is based. In her capacity as supervisor in the Toronto branch of the Victorian Order of Nurses, Miss Carpenter has had exceptional opportunities to test their validity.

Miss Madalene Baker has a thorough and intimate knowledge of the field of private duty, and in this issue presents some of its familiar problems in dramatic form.

Miss Ivy Ostic displays keen insight and warm sympathy in her discussion of the care of the chronically ill. She is a graduate of the Grant Macdonald Training School and is now nurse-in-charge of the men's private wards in the Toronto Hospital for Incurables.

Notes from the National Office summarizes the various reports presented at the recent meeting of the Executive Committee of the Canadian Nurses Association. Information is also given concerning the plans for the General Meeting.

METROPOLITAN NURSING SERVICE

The annual Regional Institute of the nurses of the Metropolitan Life Insurance Company from the different districts of the provinces of Quebec, Ontario, and Nova Scotia was held recently in the city of Quebec. Under the leadership of Miss Alice Ahern, assistant superintendent of nursing, this conference was organized by Miss Alice Albert, local supervisor, and Miss Marie E. Cantin, who is in charge of staff education in Montreal. The nurses, divided in four groups, presided over and conducted the round tables at which teaching and its importance in the nurse's work was discussed. A summary of these discussions was finally submitted to the entire group in order to arrive at practical conclusions. A meeting of the local supervisors and the head nurses of the Metropolitan Nursing Service in Montreal and Quebec, presided over by Miss Alice Ahern, closed those days of stimulation and enlightenment in our work.

—Marie Cantin

Nursing Care of the Chronically Ill

Ivy Ostic

It has occurred to me that the situation of the chronically ill might be said to be like that of a beleaguered city which the enemy has attacked and, entrenched in the outskirts, seeks by all means to reach and destroy the vital centres. Although knowing that sooner or later this end will be attained, the defense girds itself for the fray and every effort is put forth to frustrate the devices of the foe. Here, as in military warfare, the prey is human life, which must be protected at all costs. The group of sufferers classed under this heading is very large and very familiar to most of us, and their number is increasing as medical science discovers means to prolong life. That the patient may live this life, and even derive some measure of comfort from it, is the problem of hospitals which, like the Toronto Hospital for Incurables, are established to care for the chronically ill patient.

Just here the question may arise as to whether the highly trained nurse has opportunity to use her skill and knowledge in this type of work. We would say emphatically, yes! It is quite true that the thrill of assisting in expert surgery, as in the operating room of a great hospital, of making many and various new tests, even of witnessing miraculous recoveries, is lacking. Not here have we the inspiration of returning those who have been seriously ill to their loved ones in the knowledge that years of happy usefulness will yet be theirs. Yet, surely there is vast opportunity for the employment of all the arts and skills which a nurse may acquire in the relief of pain and suffering, and distress of mind and body, as well as to give the routine care which may be required. And that care is not *ordinary*, but *extraordinary*. In the observation of symptoms, the most serious responsibility rests upon the nurse for frequently the patient cannot even speak for himself. In a hundred and one ways the chronic patient (ill for a matter of years) needs skilled watchfulness to protect him from conditions to which the patient in hospital for only a few weeks is never exposed. The gradual wearing down of resistance, making him susceptible to acute infections, the presence of constant pain, which must be alleviated by medication—with, it may be, danger of habit formation—all suggest the necessity for skilled workers.

Only those who have met, day after day and month after month, the problems which arise—met and *solved* them in a greater or less degree, are competent to speak. Small victories are won over the enemy in the preservation of healthy tissues, and beating back that foe "trophic lesions", or in hospital parlance, "pressure sores," as in the case of helpless paralytics; securing moderate comfort to the arthritic, where every move, and almost every touch, causes pain; devising methods whereby movement is reduced to a minimum and by which painful joints may be cleansed and tissues kept in a healthy state; the ingenuity required to give a shampoo to a patient as utterly unable to move as a Chase doll yet harder, decidedly, to be moved—all these are but a few of the everyday occurrences to be met and dealt with.

We might, as an example, refer to the difficulty that arises when patients are transferred temporarily to an acute hospital for major surgery. Not know-

ing the methods employed here, which as we have said, are very varied and unusual, we sometimes have to send some of their gadgets with them. We do this, not because we are trying to show off, but because we know that the gadgets are essential to his care. The use of air-rings is an absolute necessity, but in a condition where the patient's joints are ankylosed and an air-ring is placed under him, his lower extremities are off the mattress thus throwing the entire weight of his body on his hips and back. It is then necessary to use specially prepared pillows under his feet and ankles, to take off some of the pressure, thus helping to avoid bed sores.

The administration of medication, the carrying-out of treatments, the necessary surgical dressings frequently present difficulties with patients of this type. Here again all the skill of the nurse may be directed toward a successful adaptation of her knowledge. The careful planning of the diet, not only for a diabetic, and other specific cases, but for the arthritic, the hypertension case, the hemiplegic, the cardiac case, and so on, is an important part of the nurse's duty.

The administration of the food, too, presents a problem which requires much time and patience. In order that the patient shall be encouraged to take the food so necessary to nourish the undermined system, it must be given under suitable conditions, not in haste, or at a time when mental or physical distress is present. Recently, we have installed a Waring Mixer, by which solids are liquefied. This has overcome our problem of giving nourishment to patients who are unable to swallow even a soft diet. Meats and vegetables are both reduced to liquid form, thus making it possible to give an entire meal in a glass.

Resourcefulness and ingenuity have opportunity for very full development in such nursing, and these manifest themselves as the disease progresses and the various demands arise. Ingenious devices and pieces of equipment, the patterns for which never came out of a textbook, are evolved from the nurse's brain, and take their place as an important part of the environment.

Elimination is, of course, a very important feature in this type of nursing, Extreme care is required to maintain both internal and external cleanliness, and the skill and training, as well as the adaptability of the nurse, are taxed to the utmost to secure such conditions without causing undue suffering to the patient. This will be readily understood when one follows the history of some of the outstandingly difficult cases.

Of that particularly heart-breaking group—those suffering from growths of a malignant nature—what can be said? To know one is on the last lap of the road is to many a great sadness; but to have to travel that road knowing oneself to be an offense to all around, as occasionally happens, is surely the acme of distress. Yet, often-times the nurse in her ministrations is "ministered unto," by these patients and is given to see how truly great a hero a human being can be in the midst of unspeakable suffering.

By way of palliative measures, science has done much, and in the hope that prevention and remedy will soon come abreast, we carry on. From the psychological standpoint, surely there is no field of nursing in which training could be of greater value. Knowing (as it is unavoidable that the patients must know) that they are definitely transferred, as it were, from the "hopeful" to the "hopeless" side, let us consider what devolves upon the nurse. According to temperament, the patient's reac-

tion may be to give way to utter despair, or, as often happens, the will to fight on predominates, resulting in a certain acceptance of the inevitable. Ministered to by those who, in the face of great difficulty, present a quiet resistance to the enemy, and winning some small victories, the patient slips into a sort of régime of passivity, accepting philosophically his lot in life, until he finds himself drifting along from day to day with even some degree of happiness.

One could continue to enlarge upon the different types of patient with their varying needs, but they are known to us all. It must suffice to say that in caring for those who find themselves relegated to the backwaters of life, surely it would be well that the nurse should have an insight into the spiritual as well as the physical and psychological needs of her patient. Thus she may meet his saddened state with a spirit of high courage and devotion which will insensibly cheer and aid him, if not toward recovery, at least to a less hopeless endurance and a looking forward to that "better life" in which he shall not say, "I am sick."

Obituaries

COURTENAY MAY DENNIS died on December 27, 1939, after a long illness. She graduated in 1922 from the School of Nursing of the Queen Victoria Hospital, Revelstoke, B. C., and had practised her profession in Vancouver for the past twenty-five years.

ALBERTA MONKMAN, a graduate of the School of Nursing of the Riverdale Hospital, Toronto, died on November 20, 1939. For some years she was a valued member of the Public Health Nursing staff of the city of Toronto.

SISTER M. HIERONYME, of St. Joseph's Community, Toronto, died on January 2, 1940. The Reverend Sister (formerly Bridget Kennedy) was a graduate of the School of Nursing of the Toronto General Hospital and shortly after her graduation entered St. Joseph's Convent. The greater part of her forty-four years of consecrated service was spent at St. Michael's Hospital, Toronto, where in charge of various departments at different times, she was a good friend not only to doctors, nurses and patients of four decades, but to policemen, firemen, and even to vagrants whom she had the opportunity of helping in her own big-hearted way during long years as night supervisor. She always gave an example of professional skill mingled with the most delicate thought for the feelings of others. Her kindness and efficiency always meant at least a temporary easing of pain and the inestimable consolation of an understanding sympathy. She was a true woman, a devoted nurse, and a faithful Religious.

At the Solemn Mass of Requiem, many ecclesiastical dignitaries were present. Members of the medical staff of St. Michael's Hospital were in attendance together with many graduate nurses, some representing the Alumnae Association of St. Michael's Hospital, and others the School of Nursing of the Toronto General Hospital. Nurses in uniform acted as a guard of honour.

They are Prepared

What would old "Londoners" say if they could see the London Hospital in its war-time guise? What changes would strike them most forcibly? Two things certainly they would miss right away—the familiar, distinctive sisters' caps and the fine old trees in the hospital garden. The trees, cut down to make room for fire engines to pass, have, alas, gone for ever; but the charming, starched caps with their floating streamers have merely disappeared temporarily. They have been put away "for the duration" because it was thought they would be unpractical if gas masks had to be donned —and, moreover, if starch should prove scarce. Handkerchief caps have taken their place for the time being.

In the gardens, sandbagged windows form a background that is only too familiar these days, but an unusual sight is the ancient bell erected near the main entrance. This great bell, 200 years old —as old as the "London" itself—has been unearthed for use as a fire alarm, and its deep voice is guaranteed to rouse the neighbourhood to rapid action. The hospital will be warned in good time whatever eventuality occurs, for high up on the top of the private patients' block (which is not in use now for patients) is a look-out post where someone is on duty day and night. It is a splendid vantage place, commanding a view for miles around.

Indoors there are changes everywhere. Ceilings have been reinforced with beams and the wards and departments have been strutted with iron posts. Windows are covered with "Cellophane," and in addition have wire screens fitted on the inside to prevent broken splinters from coming in. The screens are on wooden frames and can be taken down for cleaning. Black-out curtains are fitted everywhere. All this is enough to give the hospital a most unfamiliar air, but in addition, there has been such a "general post" of wards, special departments, theatres, offices and even of living quarters, that any old "Londoner" might be forgiven for feeling slightly confused! However, as Matron, Miss Reynolds (now Sector Matron) says, "Nothing quenches the spirit of the 'London'!" and the staff have quickly adapted themselves to the new order, and, indeed, are justly proud of their many ingenious arrangements for coping with possible wartime needs.

The "evacuation wards" are the men's and women's surgical wards on the ground floor. They are quite unrecognisable now with their iron struts down the middle, little dressing trolleys placed at intervals all the way along—and no beds. Patients will be brought in on stretchers and placed on the floor for quick first-aid treatment. In the hall connecting the pair of wards there are great piles of splints of all kinds (beautifully padded, the work, of course, of the nursing staff) and quantities of sand bags. There is also a brave array of oil lamps ready for immediate use, their reflectors gleaming brightly, so there will be no working in the dark even if the current fails.

Practically all the student nurses have been moved out to other hospitals in the sector under the Government scheme, and there are only about 25 senior probationers among the 150 nurses left at the hospital. They, too, have had to change their ways like the hospital.

—*Nursing Times*

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The Executive Committee

The final meeting of the Executive Committee of the Canadian Nurses Association for the year 1939 was held in Vancouver on December 3 at the Vancouver General Hospital. Those present were the President, Miss G. M. Fairley; the chairmen of the three National Sections: Nursing Education, Miss A. J. Macleod; Private Duty, Miss M. Teulon; Public Health, Miss M. Kerr; the Councillors from the Registered Nurses Association of British Columbia: Misses Duffield, Cavers, Innes and Mrs. Hansom; and the Honorary Secretary, Miss Kathleen Sanderson.

The activities of the C.N.A. through various special committees and the three sections included reports from which the following summary has been prepared.

Special Committees

The National Committee on Education reported progress in preparation of a pamphlet for the guidance of high school graduates who wish to enter the nursing field. The pamphlet in rough draft has been submitted for comment to the chairmen of the three National Sections. Then, after adjustments are made, a copy will be submitted to the provincial sub-committees for criticism or approval.

The supplement to the Curriculum, "Improvement of Nursing Education in the Clinical Fields", is under preparation for presentation at the time of the General Meeting in 1940.

The objectives of the National Committee on Education were approved by the Executive, namely:

1. To stimulate interest and secure the co-operation of all members of the Canadian Nurses Association through the three National Sections in promoting sound standards of undergraduate and post-graduate nursing education in Canada.

2. To assume responsibility for the study of educational problems, and to recommend adjustments which will meet the changing needs of nursing service in all fields.

3. To carry out any educational project which may be assigned to it by the Canadian Nurses Association.

The Committee personnel consists of the convener and the chairmen of the three National Sections, while the same general plan of provincial organisation as that connected with the former Curriculum Committee is adopted; that is, each provincial sub-committee on education consists of the provincial president as convener, and the conveners of the three provincial sections. It is recommended that the School of Nursing Adviser of the Province be a member of the provincial sub-committee.

These sub-committees will co-operate with the National Committee in assuming responsibility for work assigned to them by the National Committee; also by keeping the National Committee informed of any particular educational

needs or problems within their respective provinces which might become the responsibility of the Committee on Education of the Canadian Nurses Association.

The National Committee on Education may be augmented in numbers from time to time when special projects are undertaken by the appointment either temporarily or permanently of additional members.

The Exchange of Nurses Committee reported cancellation of plans for exchange between two members of the New Zealand Registered Nurses Association and two members of the Canadian Nurses Association. In the opinion of the committee, activities connected with the Exchange Plan must be suspended for the duration of the war unless for interprovincial exchange. Therefore, the Executive Committee recommended that for "the duration" the objective of the Exchange Committee be the encouragement of interprovincial exchange.

Florence Nightingale Memorial Committee: The convener expressed the opinion that the provincial sub-committees would appreciate guidance from the Executive in regard to a war-time policy for the Fund. The following resolution was adopted:

That in order to keep alive among the nurses of Canada the objects of the Florence Nightingale International Foundation, contributions be solicited as usual for the Endowment Fund of the Florence Nightingale Memorial Fund until such time as the obligations as undertaken in 1938 are fulfilled, namely, £250 annually for four years, up to and including 1942.

The Executive recommended to the *Scholarship Award Committee* that this might be an opportune time to sponsor scholarships for post-graduate study within the Dominion, in place of the Nightingale Memorial Scholarship until such time as the latter may be resumed.

The personnel of the *History of Nursing Committee* is completed. The core members are the convener, Miss Mary Mathewson, Miss Jean E. Browne and Miss Jean S. Wilson. Provincial representatives are: Alberta, Miss Kate S. Brighty; British Columbia, Miss Mabel F. Gray; Manitoba, Miss Edith McDowell; New Brunswick, Miss A. A. Burns; Nova Scotia, Miss Marion Haliburton; Ontario, Miss E. L. Clarke; Prince Edward Island, Miss Margaret Campbell; Quebec, Miss Martha Batson; Saskatchewan, Miss May Reid. The provincial representatives have been supplied with suggestions as guidance for acquiring material of historical value.

Special Committees reporting no development in activities during the interval September to December 1939 included (1) Community Nursing Service Bureaux; (2) Health Insurance and Nursing Service; (3) Curriculum for Nurses-in-Training in Mental Hospitals.

Activities of the Sections

The report of the *Private Duty Section* included reference to Provincial Sections. In *Alberta*, an eight-hour day for private duty nurses is well established in the city of Edmonton; the plan remains optional in Medicine Hat. In *Manitoba*, over one hundred private duty nurses have subscribed to the Greater Winnipeg Group Hospitalization Plan. On behalf of nurses who wish to secure appointments as technicians in small hospitals or doctors' of-

fices the hospitals in Winnipeg and St. Boniface have consented to give the necessary instruction. In *New Brunswick*, they are not yet ready for the introduction of the eight-hour day. So far no attempt has been made to control and supervise practical nurses. In *Ontario*, educational programmes are in progress in about seventy centres. An effort to have an eight-hour day by law enforcement has been postponed during the war. In *Prince Edward Island*, they are unable to secure an eight-hour day. The development of some satisfactory registries is greatly desired by the private duty nurses. In *Quebec*, a well arranged educational programme is in progress. So far, private duty nurses in Montreal are unable to obtain the co-operation of local hospitals toward enforcing eight-hour duty. In *Saskatchewan*, some progress has been made with the introduction of eight-hour duty.

Suggestions for the programme of the Private Duty Section during the General Meeting in 1940 included:

A report from each Province regarding unregistered graduate nurses, practical nurses, and those graduated by some hospitals after a one-year course in maternity nursing.
The possibility of obtaining legal protection for registered nurses.
Reorganization of registries.
Round table discussion.
Speaker on "Moral Rearmament".

The current programme of the *Public Health Section* includes a study of "Minimum Qualifications for Employment of Public Health Nurses"; the active co-operation of the provincial sections is being solicited on behalf of this study.

The Nursing Education Section reports that all the Provincial Sections are inquiring into nursing education problems and seeking improved and more uniform standards in nursing techniques. The chairman of the Section had conferred with the convener of the committee on Eight-hour Duty for Nurses of the C.N.A., and it was decided that the present is not an appropriate time to make nation-wide surveys relative to hours of work or salaries. Any questionnaire in regard to problems of the graduate nurses which might have been sent out by the Section have been postponed indefinitely.

Representatives to War Council

The appointment, in October 1939, of Miss Elizabeth Smellie, first vice-president of the Canadian Nurses Association, and Miss Constance Brewster, president of the Registered Nurses Association of Ontario, as representatives of the Canadian Nurses Association to the War Council of the Canadian Red Cross Society was ratified.

General Meeting

The Executive Committee of the Canadian Nurses Association, having accepted the recommendation of the Alberta Association of Registered Nurses to hold the General Meeting in 1940 in Calgary rather than in Banff, the Committee on Arrangements, under the convenership of Miss Kathleen Connor, now are busily engaged with local plans for the General Meeting.

The Hotel Palliser will be convention headquarters for the Canadian Nurses Association from June 24-29 inclusive. As customary, meetings of

the C.N.A. Executive Committee, of corresponding committees of the three National Sections, and of special committees will be held on Monday, June 24.

The first general session will open on Tuesday morning, June 25, while that evening addresses of welcome will be extended to the visiting nurses by representatives of the Province of Alberta, the City of Calgary, and of the Medical and Nursing Professions of that Province. The same evening, the memory of the Founder of the Canadian Nurses Association will be honoured when the Mary Agnes Snively Memorial Medal will be awarded to three members of the National Organization. The preliminary draft of the programme for the convention week shows that the programme committee are arranging to allow adequate time for the presentation and discussion of the several projects undertaken by the C.N.A. during the present biennium.

Hotel Accommodation

Nurses who wish to secure accommodation at the Hotel Palliser are urged to make early reservation. Such requests should be addressed to the Manager, Hotel Palliser, Calgary. Most reasonable rates are offered to members of the Association. The Committee on Arrangements have also submitted rates for accommodation elsewhere than at the convention headquarters. The rates for Hotel Palliser and elsewhere are quoted herewith. The rates quoted are per diem, except when otherwise stated. The prefix "S" means single room; the prefix "D" means double room.

Hotel Palliser—S.R., $3.00; D.R., $2.00; 3 in a room, $1.25; each room has connecting bath.

York Hotel—S.R., $1.50; D.R., $1.25.

Wales Hotel—S.R., $1.75 - $2.50; D.R., $1.25 - $1.75.

Empress Hotel—S.R., $2.00 or $12.00 per week; D.R., $1.50 or $9.00 per week.

Braemar Lodge—S.R., $1.50; D.R., $1.00.

Rooms without bath at slightly lower rates than those quoted above are available at the York, Wales and Empress Hotels and at Braemar Lodge. The Wales and Empress Hotels are termed "family hotels".

Any nurse who wishes additional information relative to accommodation should write to Miss Mary Maclear, 1707 Broadview Road, Calgary, Alberta. Miss Maclear is convener of the sub-committee on housing of the committee on arrangements for the General Meeting.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Manitoba:

Graduate Nurses, Portage la Prairie	$5.00
Graduate Nurses, The Pas	2.00

Nova Scotia:

A.A., Children's Hospital, Halifax	5.00
School of Nursing, St. Martha's Hospital, Antigonish	10.00

Ontario:

A.A., School of Nursing, University of Toronto, Toronto	10.00
A.A., Mack Training School, St. Catharines	10.00

Quebec:

Edith Cavell Chapter, I.O.D.E., Montreal	5.00

V.A.D. Training

A meeting of the Joint Committee of the St. John Ambulance Association, the Canadian Red Cross Society and representatives of the Canadian Nurses Association and the Hospital Council of the Canadian Medical Association was held in Toronto on January 4, 1940.

From the minutes of that meeting, the Executive Secretary of the Canadian Nurses Association has prepared the ensuing report.

The meeting was called to consider the need for the training of V.A.D. workers at the present time. Those present were: Colonel H. A. Bruce, chairman of the meeting; Dr. John C. MacKenzie and Colonel A. E. Snell, representing the St. John Ambulance Association; Miss Jean Gunn, Mr. N. Somerville (alternate for Mrs. H. P. Plumptre), and Dr. J. T. Phair, representing the Canadian Red Cross Society; Miss Elizabeth Smellie, representing the Canadian Nurses Association; and Dr. Harvey Agnew, representing the Hospital Council of the Canadian Medical Association.

Colonel Snell reported that the Department of National Defence had advised they could not make use of V.A.D. workers, either at home or abroad, in connection with the Canadian Army at the present time. He also reported a cable from the V.A.D. Council of the Joint Committee of the British Red Cross and St. John Emergency Committee of Great Britain, advising that V.A.D. workers could not be used at the present time.

After discussion, the Joint Committee adopted the following resolution: "That in view of the fact that neither the Department of National Defence in Canada, nor the V.A.D. Council of the Joint Committee of the British Red Cross and St. John Emergency Committee in Great Britain, can at present use V.A.D. workers, either at home or abroad, this Joint Committee does not recommend any hospital or advanced training such as is required to qualify applicants for V.A.D. work."

Resulting from discussion of the question of preparing a syllabus for advanced training for V.A.D. workers, if and as when the Department of National Defence should require this service, the following resolution was adopted:
"That a sub-committee of this Joint Committee be appointed to prepare a syllabus for advanced training for V.A.D. work, (in case same should ever be required in Canada) and to report back to this Committee; and that said Committee should consist of Miss Elizabeth Smellie, representative of the Canadian Nurses Association, as chairman; Miss Jean I. Gunn representing the Canadian Red Cross Society; a representative of the St. John Ambulance Association; and a representative of the Department of National Defence; with power to add to their number."

BOOK REVIEWS

FUNDAMENTALS OF CHEMISTRY FOR NURSES, by CHARLOTTE A. FRANCIS, A. M., Instructor in Chemistry, Teachers College, Columbia University; and EDNA C. MORSE, A. M. R.N., Instructor in Chemistry, Teachers College, Columbia University. Published by The Macmillan Company of Canada, 70 Bond St., Toronto. Price, $3.30.

The authors of this book are to be congratulated on producing a text book which may be used in short courses in chemistry where the material being taught is taken from inorganic, organic chemistry, and biochemistry. The authors and the publishers of this text have the further distinction of having produced this book in the month of September, thus making it available for use at opening of term in

most schools of nursing. From the table of contents, the division of the material in the book is nineteen chapters dealing with inorganic chemistry, nine chapters on organic chemistry, and two chapters on biochemistry. This division of subjects is commendable as it places in one book the necessary reference material in inorganic chemistry while at the same time giving the subjects organic chemistry and biochemistry the right emphasis for a course which must treat these subjects in a brief manner. A statement is made in the preface that this book is intended for the use of students in order to make their studies more meaningful. On reading the text this purpose is clearly seen in the use of word diagrams but that which is used for clearness by the authors tends to be made difficult by exaggeration of explanation. It tends towards that which Cornelia T. Snell writes of in an article entitled, "Writing about Chemistry" in the December number of *The Journal of Chemical Education*— when she states that the author who writes as he teaches in the classroom frequently produces phrases which have to be read and re-read before the meaning becomes clear.

On various subjects in organic chemistry and biochemistry on which opinions differ, one would not expect every teacher of chemistry to agree with the authors of this book; it will thus serve as an excellent stimulant to clearer thinking and more frequent turning to original material and in so doing thus serves a good purpose.

This book is commended to teachers of chemistry for the choice of material from the wide field of chemical subjects, and to students in chemistry because it is written by teachers who, from long years of experience with students, understand their needs.

W. L. CHUTE,
Lecturer in Science,
School of Nursing,
University of Toronto.

HOW TO CONDUCT PUBLIC MEETINGS, by HELEN GREGORY MACGILL, Judge in the Juvenile Court, Vancouver, B. C. 140 pages. Published by Thomas Allen, 266 King St. West, Toronto. Price, $1.00.

This handy little manual will prove most valuable to all members of nursing organizations who are interested in conducting meetings in an orderly manner and especially to presiding officers and secretaries. Judge MacGill has based the rules of procedure, set forth in her book, upon the usage of the Canadian House of Commons and also quotes from other competent authority. The duties of officers are clearly set forth and there is an enlightening chapter on the prickly question of the "amendment to the amendment".

A HARDY PERENNIAL

Once more it is our melancholy task to warn the unwary that a fraudulent agent is operating in Montreal. His method of approach is quite ingenious. First he asks you to give him a cheque for one dollar, made out in favour of *The Canadian Nurse;* then he asks you for a dollar in cash as his "commission". Needless to say, the *Journal* never receives your cheque and you never receive the *Journal.* The sad thing is that when he goes on his way rejoicing, with your dollar in his pocket, he tells the next victim that *you* subscribed through him and urges her to do likewise.

Once more we repeat the old refrain: *Send in your subscription direct to The Canadian Nurse.* We get your money—and you get your *Journal.*

STUDENT NURSES PAGE

When We Go Affiliating

KATHARINE VAUGHAN

Student Nurse,

School of Nursing, Sherbrooke General Hospital

Affiliations open to student nurses a new world of interesting pathological cases and modern theory. In every respect they tend to broaden and to enlighten. New channels of thought are opened, new and improved procedures are demonstrated, and the most modern theory is taught by experienced surgeons and physicians.

The object of affiliating is to allow the student nurse to gain experience and knowledge in some particular branch in which her own hospital has limited facilities. Affiliating is a challenge to a nurse and the very fact that she is acting not only as an individual, but as a representative of her own hospital, calls forth all her previously acquired skill and knowledge. Each of us is proud of her own hospital although the realization of this fact may never have occurred to us until we are mixed with a group of students from different institutions. Then we become very loyal and do our best to uphold the ideals and standards of our own school. Students from large hospitals mingle with students from smaller places and we are, upon first meeting, immediately upon the defensive. Then we gradually "thaw" towards each other. The smaller institution is seen to have its good points and the larger ones acquire a more human aspect. We give and take and become good friends and surround our affiliation with an air of congenial companionship.

We learn a tremendous amount and acquire a new confidence and a swift sureness that we take home with us and I think that we acquire a great deal of this through imitation. At the hospitals where we are affiliated, we receive daily bedside instruction and are not just told how and why to do certain things, but are shown the actual procedure. There is also the opportunity for intense observation. In her own institution, the student may see the odd case of osteomyelitis or scurvy, but now she has the chance to see and to work in wards full of patients suffering from these diseases.

The greater part of my own affiliations has been in pediatrics. Contact with children opens a new world in the field of nursing, and in the hospital where I received my training, the child dominates. It is completely his world and he alone is the reason for the intricate experiments performed in search of new knowledge. Everything is done for him, and because of him.

The Children's Memorial Hospital in

Montreal was the first in Canada to use play therapy. Upon our arrival, our attitude towards being taught how to play "Ring around a Rosy" and to recite nursery verses was one of suspicion and complete contempt. Now we realize that play is the great bond between the child and the adult, a common language, a medium through which the art of healing is introduced and carried on.

There is one undesirable but inevitable feature of affiliating —the fact that there is a lack of uniformity of ideas between hospitals concerning details such as bed-making, which may seem trivial enough. In one institution the nurse places the baby at the foot of the bed when she changes a sheet, and in the next this is considered a very incorrect method and she is upbraided for her lack of care in doing such a thing. This example is not in itself a very grave thing, but after a series of such rebukes the student becomes confused and resentful and begins to be suspicious of the knowledge of any of her superiors. She finally resorts to an original and possibly imperfect way of carrying out procedures. We all realize that this flaw is inevitable and that it is only logical that each student should adjust herself to the institution rather than each hospital attempt to adjust its routines to its students.

From all my affiliations, I feel that I have gained a new insight into a modern, progressing world of nursing, a new desire to learn and to find out about things, and a confidence and steadiness inspired by the teachers in these hospitals. But it is only in my work with children I have seen a new beauty in nursing and the faith, confidence and courage of a child have been deeply impressed upon me.

I shall always remember a little boy only two years old who had been operated on for intussuception. He was recovering nicely and quickly gaining strength. He was my patient and while bathing him in the mornings I had formed the habit of snapping my fingers for his amusement. This little action never failed to delight him and in vain he rubbed and twisted his own baby fingers in an attempt to produce the "snap". I left the ward for three days, during which time my little patient contracted broncho-pneumonia and was dangerously ill. Upon my return to the ward he was again placed on my patient list and I was startled by the swift, appalling change in his appearance. I was careful and serious as I approached his bed and made preparations for his bath but as I started to strip his bed clothes, he looked up at me, a tiny pitiful smile came into his eyes and touched his lips, and unbelievably one small white hand came up and began the unsuccessful attempts at "finger snapping". The wards of a children's hospital are full of little heroisms, and gallantries, and faith.

Here at this Children's Memorial Hospital they are more than patients — they are members of a family. I shall always remember it high on the mountain with its lights, friendly and warm, and with the shrill, brave laugh of a child coming through the dusk.

And all like fairyland it stands
With peace and hope in hand with pain
And walking though the streets of life
Oft I shall think of it again.

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NEWS NOTES

ALBERTA

LETHBRIDGE:

A recent meeting of the Lethbridge Graduate Nurses Association took the form of a social evening held at the "Y" where bowling was much enjoyed.

Sister Imelda, formerly from Sydney, N. S., has taken the place of Sister Lucille who has gone to St. Michael's Hospital at Broadview, Saskatchewan.

Married: Recently, Miss Isobel Hingston (Saskatoon City Hospital) to Mr. Frank Quinton.

Married: Recently, Miss Marjorie McDonald (Galt Hospital) to Mr. Donald McNabb.

Married: Recently, Miss Madeline Ann MacCormack (Galt Hospital) to Mr. Bert Saunders.

BRITISH COLUMBIA

NELSON:

The Nelson Graduate Nurses Association has appointed the following members to serve during the coming year: Honourary president, Miss Vera B. Eidt; president, Miss Helen Tompkins; first vice-president, Miss Jennie Ulfsten; second vice-president, Miss Joyce Weaver; secretary, Miss Berniece Laing; treasurer, Miss Elsie M. Smith. The committee conveners are: Private duty section, Miss Kathleen Scott; membership, Miss Ethel Smith; ways and means, Miss Anne McKinnon; social, Miss Audrey Richardson; programme, Miss Mildred Patterson; sick committee, Miss Gladys Abbott; correspondent, *The Canadian Nurse*, Miss Vera B. Eidt.

NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter of the New Brunswick Association of Registered Nurses, was held at the Moncton Hospital with the president, Miss Hillyard, in the chair. Several nurses who were ill, and the children in the Hospital were remembered at Christmas.

The subscriptions to *The Canadian Nurse* were renewed on behalf of the student nurses in the Moncton Hospital and the Hotel Dieu. A social hour followed.

Married: Recently, Miss Dorothy Wared (Moncton General Hospital, 1934) to Pte. Lawrence MacFadden.

Married: Recently, Miss Rhoda Anderson (Moncton General Hospital, 1936) to Mr. George Nethercoat.

Married: Recently, Miss Elaine Babcock (Moncton General Hospital, 1936) to Mr. Walter Merrell.

ONTARIO

DISTRICT 4

HAMILTON:

St. Joseph's Hospital:

The Alumnae Association held the last meeting of the year on December 7, and Miss M. Kelly resigned from her position as secretary-treasurer. Dr. R. Fraser gave an interesting talk on spinal anesthesia in obstetrics and demonstrated with two moving picture films.

Misses M. Mitchell and E. Hart have resigned from St. Joseph's Hospital staff to join the General Hospital Unit in Toronto.

Married: Recently, Miss Ruth Dooley (St. Joseph's Hospital) to Dr. Goodbrand.

ST. CATHARINES:

St. Catharines General Hospital:

Miss Florence Richardson (M.T.S., 1935) has left the staff of the St. Catharines General Hospital, for military service.

Married: Recently, Miss Muriel Olton (M.T.S., 1929) to Mr. A. Miller.

Married: Recently, Miss Frances Masher (M.T.S., 1938) to Mr. Charles Newton.

Married: Recently, Miss Mildred A. Rittenhouse (M.T.S., 1928) to Mr. Edwin Willey.

DISTRICT 5

TORONTO:

Toronto Western Hospital:

The annual meeting of the Toronto Western Hospital Alumnae Association was held recently with the president, Miss Gladys Sharpe, in the chair.

The financial report showed that $400. had been paid to the Hospital Board of Directors for the Building Fund; $375. was paid in scholarships for Nursing Education; $563. was paid, through the Benefit Fund, for the care of sick nurses.

An interesting demonstration of how to keep fit was given by Miss Natalie Platner, instructress in the "Women's Keep Fit Movement", and her associates.

The Alumnae Association has decided to assist the Canadian Red Cross Society by or-

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ganizing the Toronto Western Hospital Red Cross Auxiliary which embraces the entire clerical, dietary and nursing personnel of the hospital. It is convened by Mrs. P. B. Brown and is divided into groups, each having a captain who is responsible for specific duties.

Officers were elected to serve during the coming year: Honourary presidents, Miss B. Ellis, Mrs. C. J. Currie; president, Miss Grace Paterson; vice-president, Mrs. Douglas Chant; corresponding secretary, Miss A. Needham; recording secretary, Miss I. Butler; treasurer, Miss Gladys Sharpe; representative to *The Canadian Nurse*, Miss Miss J. Wallace.

Married: Recently, Miss Evelyn Jessie Knowles to Mr. Charles Lawrence Dunbar, K.C.

Married: Recently, Miss Rosemond Harris (T.W.H., 1934) to Dr. James McKellar.

District 6

Belleville:

Chapter A, District 6, R.N.A.O., recently held their meeting in the Ritchie Memorial Nurses Residence following the business meeting of the Alumnae Association. Miss L. Bertram, chairman of the Chapter, presided. It was decided to continue holding the Alumnae Association meeting and the Chapter meeting together for the present. The programme was in charge of the Nurse Education section of which Miss Muriel Thompson, as nurse education representative, had charge. The programme was divided under the following headings and only three minutes allowed for each paper: selection of student nurses, Miss R. Thompson; health programme for students, Miss H. M. Collier; curriculum and class facilities, Miss M. Thompson; recreation for student nurses and graduate nurse education, Miss L. Bertram; ward teaching, Miss M. J. Youmans; working conditions, Miss M. S. Byers. At the close of the meeting a dainty lunch was served under the direction of Miss M. MacIntosh.

Belleville General Hospital:

The Alumnae Association of the Belleville General Hospital recently held their regular meeting with Miss R. Fitzgerald in the chair. The making of dressings and surgical supplies for this district of the Red Cross was discussed and it was decided that the nurses would be responsible for these and that a room would be available in the residence. A discussion concerning the pediatric department also took place.

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COBOURG:

The annual meeting of Chapter B, District 6, R.N.A.O., was held recently at the General Hospital, Cobourg. The chairman, Miss I. Shaw, presided. A total membership of thirty-nine was reported and a special effort is to be made to secure subscriptions to *The Canadian Nurse*.

The election of officers for 1940 resulted as follows: Chairman, Miss I. Shaw; vice-chairman, Miss M. Gibb; secretary-treasurer, Miss V. Taylor; nurse education, Mrs. H. Beatty; private duty, Miss G. Macklin; public health, Miss Polson; committee conveners: nominating, Miss V. Gibson; membership, Miss M. Waechter; social, Miss A. Mitchell; programme, Miss J. Graham; *The Canadian Nurse* representative, Mrs. O. Pomeroy.

Miss Graham and the nursing staff later entertained at bridge.

LINDSAY:

Ross Memorial Hospital:

The annual meeting of the Alumnae Association of the Ross Memorial Hospital, Lindsay, was held recently. The drawing of the lucky ticket for the occasional chair took place and Miss A. McNiellee was the winner. Red Cross work was discussed and a donation made to the Santa Claus Stocking Fund.

The following are the new officers: Honourary president, Miss E. S. Reid; president, Miss Flora Moffatt; first vice-president, Mrs. Thurston; second vice-president, Mrs. U. Cresswell; secretary, Mrs. Moebus; treasurer, Mrs. Rutherford; press secretary, Miss Dorothy Wilson. Committees were appointed as follows: Programme, Miss Gladys Lehigh and Miss Margaret Stewart; refreshments, Miss Isabelle Hickson and Miss Aileen Flett; flowers, Miss Alma Irwine. The convener of the Red Cross Supply is Miss A. Flett. Dainty refreshments were served by Miss Reid and her staff.

Married: Recently, Miss Eva J. McMaster (R.M.H., 1936) to Mr. P. MacKie Kennedy.

Married: Recently, Miss Helen Sinclair (R.M.H., 1937) to Mr. Clare Jewell.

PETERBOROUGH:

The annual meeting of Chapter C, Dis-

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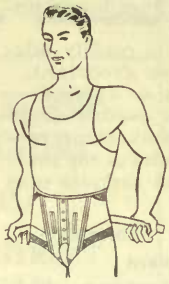

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trict 6, R.N.A.O., was held recently at the Nicholls Hospital, Peterborough. Mrs. D. Hill, vice-president, occupied the chair in the absence of the president. The election of officers resulted as follows: President, Mrs. M. Rundle; first vice-president, Mrs. D. Hill; second vice-president, Miss W. Ahern; secretary-treasurer, Miss M. Pickens; nurse education, Rev. Sister Gonzaga; public health, Miss Z. Hearney; membership, Mrs. B. Hickey; private duty, Miss L. Hogan; committee on entertainment: Miss E. Reid, Miss Conlin, Mrs. D. Hill, Mrs. Pogue, Miss Flett, Miss Snider; Zone Red Cross, Miss F. Vickers; finance committee: Mrs. R. Taylor, Miss E. Reid, Mrs. B. Hickey; transportation, Mrs. F. Revoy.

A very interesting demonstration of a bed for burned or shocked patients was given by Miss Scott, and of lumbar puncture by Miss Renurick, students of the Nicholls Hospital Training School. The treatment of burns was discussed and many interesting points brought up. A vote of thanks was tendered by Miss Heaslip, seconded by Miss Ashie for this excellent demonstration.

Dr. Dawson gave a very entertaining talk on the Associated Medical Service in Peterborough and spoke regarding its purpose and the many benefits which may be derived from membership. A social half-hour was much enjoyed.

District 7

Brockville:

Brockville nurses have organized a Chapter of the Registered Nurses Association, meetings to be held on the second Monday evenings of each month. Officers have been elected as follows: President, Miss E. Moffatt, Brockville General Hospital; vice-president, Mrs. Hourigan, St. Vincent de Paul Hospital; secretary-treasurer, Miss E. Ardell, Ontario Hospital; press representative, Miss H. Corbett, 127 Pearl Street East, Brockville; programme committee: Miss Dempsey, Ontario Hospital; Miss K. Walsh, St. Vincent de Paul Hospital; Miss N. Louch, General Hospital.

Dr. Moorehouse of the Ontario Hospital staff, recently addressed an exceptionally well attended meeting of the Chapter in the nurses residence of the Ontario Hospital, the subject being insulin shock therapy. At the close of the meeting Miss E. Ardell and staff served refreshments.

Brockville General Hospital:

The year 1940 being the fiftieth anniversary of the founding of the training school of the Brockville General Hospital, the Alumnae Association are planning for a reunion of all graduates early in the summer.

The nurses Alumnae Association of the Brockville General Hospital recently held

a successful bridge and dance. The entire proceeds were donated to the Brockville Branch of the Canadian Red Cross Society. Members are busily knitting for the Red Cross and are planning to make hospital supplies.

Miss Laura Logan of the staff of the Brockville General Hospital, is at the Royal Victoria Hospital, Montreal, for a three-months course in obstetrical nursing.

Married: Recently, Miss Ruth Harkness (B.G.H.) to Mr. Clifford Joy.

Married: Recently, Miss S. Tolles (B.G.H.) to Mr. E. Wiltsie.

Married: Recently, Miss L. Sales (B.G.H.) to Mr. T. Baker.

KINGSTON:

A meeting of Kingston Chapter, District 7, Registered Nurses Association of Ontario, was held recently in the Hotel Dieu Hospital. The members showed evidence of their interest in war work by contributing a large number of knitted articles for soldiers. Professor Roy, of Queen's University, gave a most interesting and enlightening address on "Germany at War".

The School of Nursing of the Kingston General Hospital has two graduates who are engaged in very interesting work in the field of nursing—Miss Pearl Reid (K.G.H., 1927) who has been in Northern China for the past five years and to whom great credit is due for her splendid missionary nursing work which has been carried on under great handicap; also Miss Eva Cox (K.G.H., 1933) who joined the International Grenfell Association last year, and at present is stationed at Harrington, Canadian Labrador.

Married: Recently, Miss Alice Elizabeth Davison (K.G.H., 1935) to Dr. Gordon Telfer.

DISTRICT 8

OTTAWA:

Ottawa Civic Hospital:

A meeting of the Alumnae Association of the Ottawa Civic Hospital Alumnae Association School of Nursing, was held on December 11, and, following a short business meeting, a demonstration was given by a small group of the Ottawa Health and Beauty League, under the leadership of Miss Tudhope. Much interest was shown by our graduate staff and alumnae members and it is hoped that in the near future, some of the Ottawa Civic Hospital graduates will form a part of the Ottawa League.

Among those successful in passing the examinations for Fellowship in the Ontario Society of Radiographers, were Miss Evelyn Pepper and Miss Grace Froats, of the Ottawa Civic Hospital staff.

Married: Recently, Miss Margaret Shipman (O.C.H., 1939) to Mr. Hugh Johnson.

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Married: Recently, Miss Jessie Johnson (O.C.H., 1926) to the Rev. Harold Clugston.

Married: Recently, Miss Ila Johnson (O.C.H., 1932) to Mr. Gordon Johnston.

Married: Recently, Miss Betty Rowe (O.C.H., 1939) to Mr. Herbert Norris.

Married: Recently, Miss Audrey Foster (O.C.H., 1939) to Mr. Edward C. Bains.

Married: Recently, Miss Josephine Burns (O.C.H., 1934) to Mr. D. H. Beaver.

Married: Recently, Miss Daisy Greer (O.C.H., 1930) to Mr. Martin Bowlby.

Married: Recently, Miss Doris Cairns (O.C.H., 1935) to Mr. Ernest Smithers.

Married: Recently, Miss Lillian James (O.C.H., 1930) to Mr. John A. McCracken

District 9

The Sault Ste. Marie Chapter held a successful dinner, and an inspiring and vivid address was given by Mrs. Vail, who portrayed the high ideals attained by nurses serving during the war.

Miss R. Bourne, of the Ontario Red Cross Society, recently addressed the North Bay Chapter, explaining the importance of Red Cross Home Nursing classes, but emphasized the fact that these classes did not qualify for V.A.D. service.

The Temiskaming Chapter are holding frequent meetings and combine their Chapter activities with their Red Cross work.

Dr. Agnes Jamieson recently addressed the Gravenhurst Chapter on "Drugs and Bugs" stressing individual responsibility. Dr. Herbert Pugsley gave an interesting paper on the use of helium and nitrogen in pneumothorax treatment.

Married: Recently, Miss Christene Keith (School of Nursing, University of Toronto, 1933) to Dr. W. C. Arnold.

QUEBEC

MONTREAL:

School for Graduate Nurses, McGill University:

A business meeting of the Alumnae Association of the School for Graduate Nurses, McGill University, was held recently at the Royal Victoria Hospital, with Miss Blanche Herman presiding. Following the meeting, the members of the Alumnae entertained the students of the School.

Miss Patricia Whitton (Public Health,

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C. M. Powell, R. N., Director

1939) has been appointed to the staff of the City Health Department, Montreal. Miss Olive McPhee (Public Health, 1934) has been transferred from the nursing staff of the Metropolitan Life Insurance Company in Fort William to their nursing staff in Glace Bay. Miss Lillian Pettigrew (Public Health, 1939) has been appointed to the staff of the Victorian Order of Nurses in Toronto. Miss Janet Woodworth (Public Health, 1932) (now Mrs. Angus) is continuing her work as a member of the nursing staff of the Metropolitan Life Insurance Company in New Westminster, B. C.

SHERBROOKE:

The official opening was held recently of the new wing of the Sherbrooke Hospital nurses residence. This new wing contains sixteen rooms modernly furnished.

The Sherbrooke Hospital Alumnae Association recently held their annual dance at the New Sherbrooke House which was very successful.

Married: Recently, Miss K. Hatch to Mr. Stanley Jim Briggs.

Married: Recently, Miss Maude Coles McCrea to Dr. H. S. Ellis.

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. . . OFF . . . DUTY . . .

No matter how far inland one may be . . . it seems natural these days . . . to give thought to those . . . who go down to the sea in ships . . . After all, there is a natural affinity . . . between a ship's company . . . and the nursing staff of a hospital . . . so it follows that a sea captain and a superintendent of nurses . . . may have a good deal in common . . . To begin with . . . they are both lonely people . . . who must meet the routine demands of every day . . . and yet be ready . . . at any moment . . . to deal with a crisis . . . He must face wind and weather . . . and keep his course . . . in spite of them . . . She must keep the wheels turning . . . day and night . . . week-days Sundays and holidays . . . no matter how she feels . . . or what happens . . . He holds the lives of others . . . in the hollow of his hand . . . and so does she . . . He must make swift decisions . . . and abide by the consequences . . . She must take the buffet . . . and cushion the shock . . . and take on her shoulders . . . the punishment she does not deserve . . . just as he does . . . They both know . . . long before anyone else . . . when heavy weather is ahead . . . but must never betray that knowledge . . . lest the crew should lose heart . . . If the ship meets with disaster . . . the captain must be the last to leave her . . . and if he cannot honourably save himself . . . then by the rule of the sea . . . he must perish with her . . . In less spectacular fashion . . . this holds good for the superintendent of nurses . . . More than once . . . we have known her . . . to nail her colours to the mast . . . and go down fighting . . . in a losing battle . . . Then again we have seen her gallantly outwit . . . the clumsy forces arrayed against her . . . and come safe into port . . . with flags flying . . . Sometimes we wonder what reward there can be . . . for those who bear the burden of command . . . and yet there must be compensation . . . for the frustration and loneliness . . . which it entails . . . Perhaps Joseph Conrad . . . who knew the sea . . . better than any other man . . . who ever wrote about it . . . and was himself the captain of a ship . . . knew the real truth . . . If you read his "Typhoon" . . . you will find that the young mate . . . who thought himself alone . . . on the bridge . . . suddenly found "the old man" standing beside him . . . "It was as though . . . by simply coming on deck . . . he had taken the whole weight of the gale on his shoulders" . . . Yes, that is it . . . we knew a night supervisor like that once . . . and we shall never forget her . . . "Such is the prestige, the privilege, and the burden of command."—E. J.

Official Directory

International Council of Nurses
Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

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MARCH
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THE CANADIAN NURSE

Canadian Nurses Association General Meeting
June 24-29, 1940
Calgary, Alberta

Mount Edith Cavell
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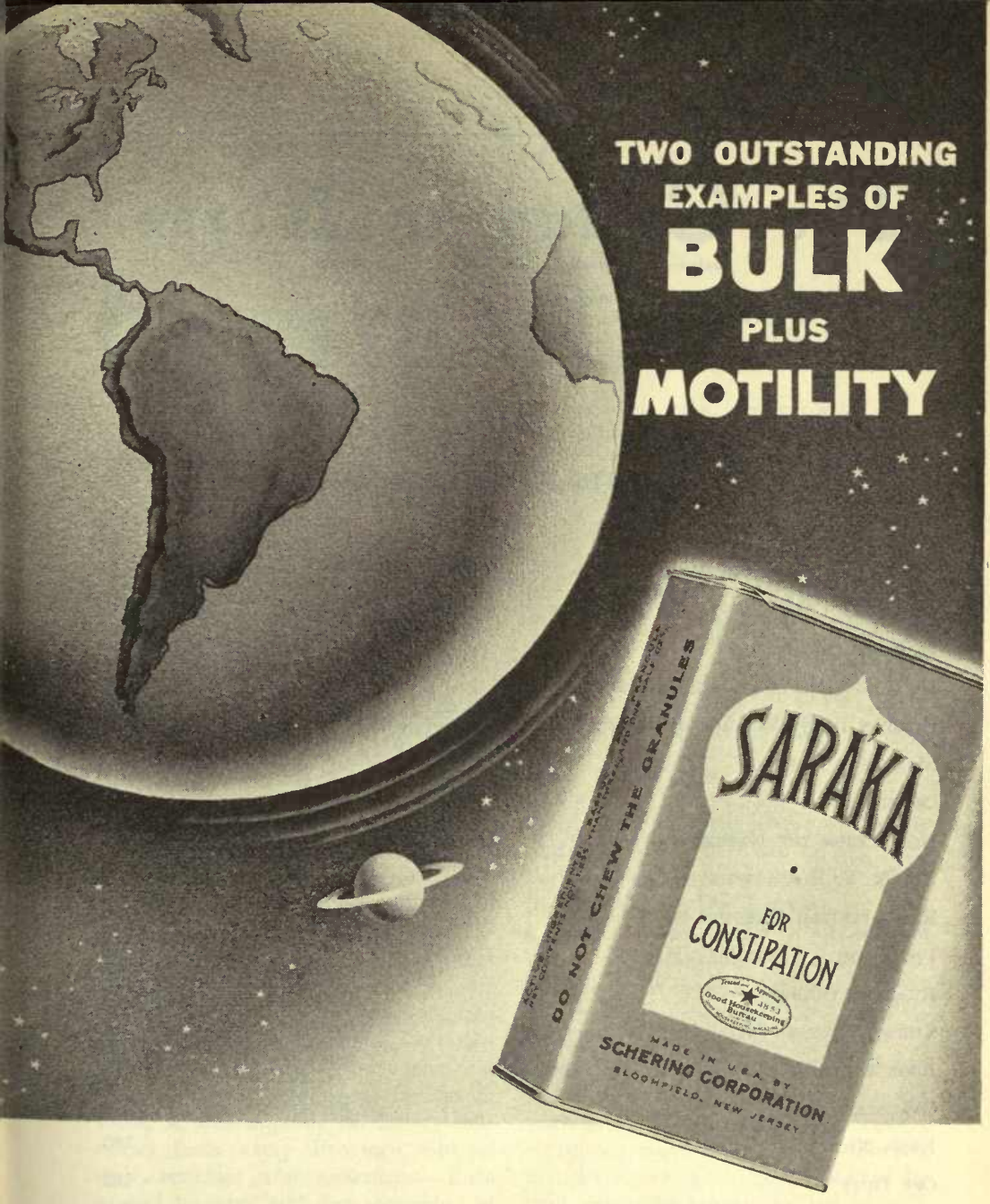

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The
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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-SIX *NUMBER THREE*

MARCH, 1940

The Foothills of the Rockies

Through the years, the general meetings of the Canadian Nurses Association have been held in widely separated parts of the Dominion, a costly practice in terms of time and money but nevertheless amply justified, because in no other way could our scattered membership have been welded into an integrated group of professional women, thoroughly representative of the nurses of Canada. At the meeting in Halifax in 1938, it was inspiring to listen while nurses from every Province told of their activities and aspirations. Each seemed to carry with her something of the atmosphere of the place from which she came, and when all had delivered their message it was as though Canada had spoken.

There is another and a more subtle influence which pervades these meetings, and that is the spirit of the place in which they are held. Calgary will offer a very different setting to that afforded by Halifax. It is a far cry from the salt sea mists to the sparkling air of the foothills of the Rockies, but true Canadians adjust readily to altitude and climate and landscape. We rejoice in the "Nova Scotia-ishness" of Nova Scotia and the "Alberta-ishness" of Alberta — not to mention the "Ontario-ishness" of Ontario. And it must be admitted that British Columbia, Manitoba, Saskatchewan, and New Brunswick are equally set in their ways. Then there is Quebec, and the Province of Prince Edward Island, otherwise known as "*the* Island".

Since we are to meet in Calgary this will be a golden opportunity to study the "Alberta-ishness" of Alberta. Let us take a look at the map. If we think of Edmonton as being somewhere near the North Pole we are sadly mistaken. Edmonton is only on the southern fringe of the Northern Alberta about which

Miss Blanche Emerson tells us in this issue of the *Journal*. Miss Kate Brighty, the president of the Alberta Association of Registered Nurses, has a sizeable territory as her domain and has wisely devoted her energies to the building up of strong regional groups as rallying points for local enterprise. The first of these groups was organized at Dunvegan Crossing, on the Peace River — but we will let Miss Brighty tell you about that herself.

Nurses have made a magnificent contribution to the building up of this young nation, but it may well be that the hardest part of the climb lies just ahead of us. Like good mountaineers, roping over a perilous place, we shall have need of one another. From Calgary at sunset, you can see the snowy summits, flushed with rose. Perhaps in later years we shall look back upon the way by which we came — the steep ascent which led upward from the foothills of the Rockies.

Dunvegan Crossing

KATE SHAW BRIGHTY

For the past three years the efforts of the Council of the Alberta Association of Registered Nurses have been directed towards the formation of Provincial Districts of the Association. Our province, with its widely scattered hospital areas, raised the question of where to begin to develop such a plan. This was solved by the nurses in the northern portion of Alberta (Grande Prairie and Peace River districts) inviting me to attend their annual gathering. It was summer, and I responded with alacrity.

In this northern country the district medical association and the nurses hold their meetings at the same time. A most delightful and unique place was chosen for the gathering — the old Church of England Mission site at Dunvegan Crossing, on the Peace River. We held our respective meetings sitting on the grass under the shade of lovely Manitoba maples. Here the first District of the Association of Registered Nurses for Alberta was formed, the officers appointed and the constitution discussed, and thus the Northern Alberta District Number 1 came into being. The present chairman is Miss Martha O'Brien and the secretary is Mrs. Moffatt, Fairview.

The following are the Districts, numbered according to the order in which they became inaugurated as Districts of the Provincial Association:

Ponoka District (Number 2) — chairman, Miss C. M. Jackson; secretary, Miss V. P. Evans.

Calgary District (Number 3) — chairman, Miss Rae Chittick; secretary, Mrs. M. Blunden.

Medicine Hat District (Number 4) — chairman, Miss A. E. Peterson; secretary, Miss V. E. Clegg.

Drumheller District (Number 5) — chairman, Miss Ethel Jones; secretary, Miss Gene Findlay.

Red Deer District (Number 6) — chairman, Miss Laura Allyn; secretary, Miss A. Holmes.

Edmonton District (Number 7) — chairman, Miss Agnes MacLeod; secretary, Miss C. Clibborn.

As this notice is sent on its way to the editor an inaugural meeting will be held in the city of Lethbridge looking towards the formation of District Eight.

In Northern Alberta

Blanche A. Emerson

The history of Alberta is one that teems with romance and adventure. The sporting blood of her hardy pioneers still courses through the veins of many of her prominent citizens. Very interesting are the tales they tell of the creaking old ox carts and the rattling Red River wagons that slowly wended their way over the prairie trails in the old days.

Edmonton, the gateway to the North, holds the unique position of being one of the oldest established centres in English-speaking Canada, having been founded in 1795. For well over a century she gleaned a rich harvest of furs from northern and western areas and was also a distributing point for supplies for all points north and west. Today farming, mining, lumbering and many other industries have been added to the fur industry which still flourishes, and Edmonton still serves the far North and last frontier with needed supplies for Indian trapper, prospector and missionary.

That same company of Gentlemen Adventurers that bartered with the Indian long before the white man ventured into these parts, is still here, now doing business with Indian and white man alike. Along with the traders came the missionaries, then the Royal North West Mounted Police, and later, doctors, nurses and hospitals.

In 1881 one of the first hospitals was established at St. Albert, some fourteen miles from Edmonton. It was attached to a small Roman Catholic church. Only the hospital at Fort McLeod in southern Alberta is older than this one. The Grey Nuns came from their Mother House in Montreal to take charge — none of them were trained nurses but they performed their duties with kindness and efficiency.

It was in 1886 that we learn of the first trained nurse to practice in Alberta. She was a Miss Newton, a sister of Canon Newton who had a church and a boys' school at the Hermitage, eight miles down the Saskatchewan River from Fort Edmonton. In the pioneer newspaper, *The Edmonton Bulletin*, in 1886 the following announcement appeared:

> Miss Newton, who has lately arrived from England to reside with her brother the Rev. Canon Newton, is a regular trained nurse, in the Church of England. Miss Newton has practised in several London hospitals, and she holds diplomas and testimonials of efficiency from the leading physicians. Besides, she was, until her health broke down, lady professor in the Queen Charlotte Hospital, London.

Later when the only practising physician, the late Dr. H. C. Wilson, was absent from Edmonton, Miss Newton had a card in the paper to the effect that she was prepared to treat women and children and that her charges were moderate. She had many demands made upon her and performed her task well, so old timers recall.

In 1894, Sister St. Dosithier and Sister Dosethe and Sister Leon came from the Grey Nunnery in Montreal to take charge of the nursing service in the Edmonton General Hospital, and in 1908 a training school for nurses was established.

The Royal Alexandra Hospital, a public, non-sectarian hospital, was established in 1900 with Miss Turnbull, who

graduated in 1895 from the School of Nursing of the Guelph General Hospital, arriving to take charge. She had previously been in charge of the Galt Hospital, in Lethbridge. In 1905, a training school for nurses was established.

The Sisters of the Misericordia arrived in 1900 to start still another hospital, and in 1914 the Strathcona Hospital was erected. It was used as a military hospital during and after the Great War, 1914-1918. Later, in 1922, it was taken over by the University of Alberta and is now called the University Hospital. The nursing school was started in 1914 and, when the Dominion Government took it over for war purposes, the nurses-in-training were transferred to the Royal Alexandra Hospital and graduated from there.

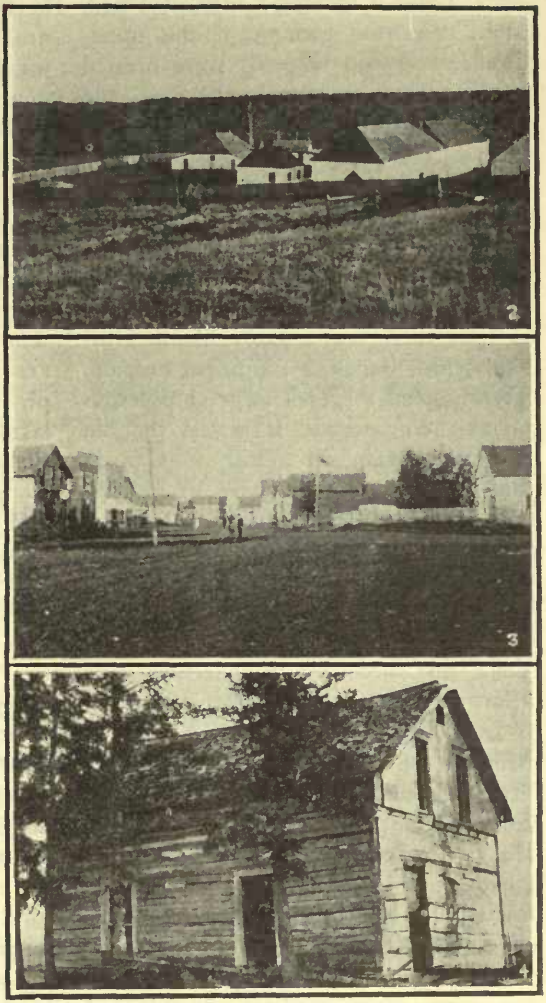
In 1910, the late Sister Laverty, a graduate of St. Boniface Hospital, Winnipeg, and a member of the Grey Nuns Order, travelled to Fort Chipewyan to become the first trained nurse in the far North. Here she acted as doctor, dentist, and nurse for a radius of 200 miles. Subsequently she was superintendent of the Holy Cross Hospital in Calgary and later at the Edmonton General Hospital.

About this time various smaller hospitals were opened in the outlying districts. In 1905, under the auspices of the Methodist Woman's Missionary Society of Canada, Dr. Archer and Dr. Rush opened a small hospital at Lamont, situated in a district largely inhabited by central Europeans. Too much cannot be said of the outstanding service rendered by this small hospital which is modern in every respect. The doctors connected with it have consistently taken post-graduate courses until methods of treatment are up-to-date in every sense of the word. A school of nursing is maintained in connection with the hospital.

Under the auspices of the Presbyterian Mission of Canada, the Roland M. Boswell Hospital was opened in Vegreville in 1908, and in 1910 Sister Josephine of Notre Dame d'Evron, opened the Vegreville General Hospital in connection with one of their missions.

In 1909, the late Mrs. Agnes Sorrel

THE OLD PIONEER HOSPITAL, GRANDE PRAIRIE



OLD FORT EDMONTON

JASPER AVE., EDMONTON IN 1890

"THE HERMITAGE" IN 1886

Forbes, wife of Dr. A. Forbes, now of Toronto, commenced the work of the Pioneer Hospital in Grande Prairie. A caboose and tent kitchen composed the first unit of this hospital. Later a log structure was added to the manse, and, from this humble beginning, came the fully modern Municipal Hospital which is doing such excellent work in this flourishing community.

The Irene Cottage Hospital was established in Peace River town, and in recent years has been modernized and fully equipped. The Red Cross Society since 1920, has established several nursing outposts, one of the chief of them being at Pouce Coupe in the Peace River country.

For several years the Victorian Order of Nurses was largely responsible for the

maintenance of the hospital in Athabasca. Later it became a municipal hospital. With the coming of the trans-Canada railway, hospitals were opened in Edson, a divisional point of the C. N. R., the present one being operated by the Sisters of Service, and the Jasper Park Hospital operated by the Sisters of St. Vincent of Charity.

It would take too long to relate the many factors that go with the establishing of a hospital. In the little town of Islay there was a Lady Minto Hospital which is now a municipal hospital. This hospital serves a large, prosperous farming community. It is said that an English woman on a visit to Canada was alarmed over the need of nursing and hospital service. She came to Edmonton and canvassed business men and Parliamentarians for funds. No one could remember her name but she was known as "The Lady with the Green Veil." She succeeded in collecting quite a large sum of money for this hospital.

In 1918, Alberta set up a separate Ministry of Health and appointed the first Minister of Health in the British Empire. Since that time the Public Health Service has come into being with school nurses, district and child welfare nurses, and health units. The travelling clinic has become a regular institution, meeting as it does, the needs of those so far away from medical, dental and nursing care. The district nurses function miles away from doctors and hospitals, giving their services to homesteaders, lumbermen, trappers, and prospectors.

In 1919, the first municipal hospital was opened at Mannville. Today there are twenty-four such hospitals, providing hospital facilities for over one-third of the rural population.

Skagway, which is in Alaska, is considered to be very far north, but it is sixty-five miles south of the northern boundary of the Prairie Provinces and the north lands still hold our attention. Many of the seriously ill are flown out to Edmonton hospitals for treatment. The ox-cart and the Red River wagon are no more, but the little river steamers ply busily up and down the northern lakes and rivers until freeze-up, serving the material needs of the communities along their banks. Then the dog-teams dash up and down the frozen water, bringing down cargoes of furs, taking back to remote districts needed supplies.

Airplanes and radio have conquered time and space to a large degree. Planes fly "down north" almost daily carrying everything from caraway seeds to pianos. Passengers and freight share the same compartment and the passengers, being of minor importance, are often obliged to use the freight for seating accommodation.

In the adjacent North-West Territory, the mining camps supply their own hospital and nursing service. A little Indian girl who was brought to the Consolidated Mining Co. Hospital at Yellowknife came by dog train 85 miles in 45 below zero weather, ill with pneumonia. She recovered under the care of Dr. and Mrs. Stanton — Mrs. Stanton is a graduate nurse!

Nursing Care in Surgical Goitre

The policy of having special hospital teams to develop the treatment and surgical technique for specific surgical diseases has become widely established in the larger centres. The Mayo Clinic was one of the first to recognize the value of this arrangement. In the Montreal General Hospital a "goitre clinic" was established many years ago and about five thousand patients have been under the control of a permanent staff of surgeons, nearly 95 percent of all goitre operations are performed by members (or ex-members) of this staff who have been specially trained. As a direct result of this policy, a detailed programme of pre-operative care, operative technique, post-operative treatment, and care during convalescence has been perfected and this has produced a reduction in mortality and a larger percentage of patients restored to an economic efficiency.

One of the major factors in the success obtained has been due to the trained and experienced nursing care the patients receive. In the public wards, the majority of goitre cases requiring surgery are females, and special small wards have been used for them. Here, a Sister-in-Charge of a major surgical division has entire control over their nursing attention and trains a large number of nurses yearly in this special line of work.

No post-operative patient is in greater need of specially trained and experienced nursing than the one with severe Graves' disease. After operation the skilled observation, the prompt therapeutic aids, the easy and effortless care of the dangerously ill patient frequently determine whether the patient recovers or not. A report on the nursing methods as carried out in this thospital should be of value to those who are in charge of, or are actually nursing cases of toxic goitre.

—Chas. K. P. Henry, Director of the Goitre Clinic.

The treatment and care of goitre patients adds a most dramatic factor to nursing experience. With proper care definite results can be seen in a short time, and, what is more, much of the actual treatment depends largely on the efforts of the nurse herself. Consequently, from this type of work she derives tremendous satisfaction. In the Montreal General Hospital these patients are referred to hospital through the Goitre Clinic. If not toxic, they are sent to the surgical wards for early operation; otherwise to the medical wards for pre-operative treatment and rest. This rest period, in toxic cases, is considered essential for a safe operation. There is, of course, a wide variety in the different diseases of the thyroid gland but it is the cases of acute Graves'

disease and of toxic adenoma which require such rigid treatment and nursing care.

The symptoms of these two maladies are somewhat similar and include marked nervousness; restlessness; mental irritability; loss of weight and strength; moist and clammy skin, with frequent sweats; intolerance of heat; tremor of the hands; quadriceps weakness; rarely, vomiting and diarrhoea; bulging and staring eyes; usually a normal temperature, a rapid pulse of 120 to 140 and sometimes myocardial changes.

Once the patient is admitted, the nurse's duties begin. She must endeavour to put the patient at her ease, to allay fear and apprehension and by so doing gain her confidence. The new régime must be explained and once the situation is understood it is surprising how ready these patients are to co-operate; they are so very anxious to get well. Some, of course, are more difficult to manage. These are usually the more toxic ones. They seem to be in constant motion, moving from one end of the bed to the other, scratching their bodies and biting their finger-nails. It is for this type that the sedative is increased and ice-packs prescribed. Obviously, the more restless and irritable the patient, the longer will be her rest period, as her own attitude is a most significant factor in her improvement.

As soon as the patient is admitted to the medical ward she is put on "routine thyroid orders". These consist of the following:

Complete bed rest.

A quiet atmosphere. No visitors are allowed. The patient is either screened or put in a separate room. Activity is limited. The patient is bathed by the nurse and sometimes even fed. Seldom are writing letters or reading allowed.

A high carbohydrate diet is given. Plenty of milk takes the place of tea and coffee.

A sedative drug, such as luminal, is given b.i.d.

Lugol's solution is given, as ordered, in large quantities of water or milk and is taken with meals.

Digitalis is given as ordered.

An ice-bag is applied to the precordium.

Cool spongings, ice spongings, or ice packs may be given twice daily as a sedative. The ice-pack, as now used in the Montreal General Hospital was first introduced there in the treatment of Graves' Disease several years ago. Two nurses are required to give this treatment and the procedure is as follows:

Place ice-cap on head.

Remove upper bed-clothes and replace by a flannelette blanket.

Place a rubber sheet covered with a flannelette blanket under the patient.

Wring a flannelette blanket out of cold water; fold once and place under the patient.

Wring a second flannelette blanket out of cold water and wrap about patient in such a manner that no two body surfaces are in contact with each other.

Distribute finely cracked ice over the upper blanket in such a way as to cover the anterior surface of the body. The nurses then exert gentle friction to keep the ice particles in motion. A hot water bag is applied to the feet.

The ice-pack is continued for ten minutes and the condition of the patient is closely watched throughout. The treatment relieves restlessness, lowers

the pulse and metabolic rates, and induces sleep more quickly than the ice-sponging. But, as it is more drastic, it is used only in severe toxicity. At first the patients object to the ice spongings or packs but they soon look forward to this treatment because of the feeling of well-being which they experience.

Soon after admission a basal metabolic rate is estimated. This test should never be done the morning after admission. The patient should be given a day or two in which to adjust herself and the character and purpose of the test must be carefully explained to her. No food or fluid of any kind is given after 6 p.m. the evening before and she is settled for the night at 7 o'clock. The test is done early in the morning. The rates are recorded in sequence, along with the weight and pulse rate, the test being repeated about every five days. The dosage of Lugol's solution is regulated according to the basal metabolic rate.

The rest period ranges from ten days to a month and varies with each case. A favourable time to operate, however, is that period when there is a fall in the B.M.R. (under 50) a fall in the pulse rate (under 100), and a steady gain in weight. Once this condition is reached operation should not be delayed. The state may be only a temporary one and any outside factor, such as infection or some emotional crisis, may increase the B.M.R. In such an event, the operable opportunity may be lost.

It is remarkable how quickly most patients respond to treatment. Within a few days they become quieter, the pulse is slower and they feel stronger. Sometimes they seem so well that they think they have been cured without operation. Then it must be explained that this apparent state of well-being is not permanent and that operation is necessary for complete recovery.

Apart from the regular hospital laboratory tests, there are special tests which are routinely carried out. For example:

Basal metabolic rate, every five days, as mentioned above.

X-ray of the upper thorax and neck to show possible displacement or compression of the trachea.

Electro-cardiogram.

Examination of the larynx and vocal cords.

Each of these tests may show some positive finding causing the delay of the operation.

After transfer to the surgical ward, the patient is given a few days in which to adjust herself, and is then prepared for operation. The routine treatment is continued as in the medical wards. In the majority of cases it is advisable to let the patient know a few days ahead of time when the operation is to take place. She is generally pleased that her condition has improved to that extent and is anxious to do all in her power to help. Some, however, become more nervous and excitable and the pulse-rate increases. There have been cases whose pulse-rates, even under medication, so increased that the operation had to be postponed. In that event, the patient is kept under sedatives for several days and taken to the operating room without being told. This complication, fortunately, seldom occurs.

The actual preparation consists of a hair shampoo the day before operation and a surgical scrub of the neck and chest with soap and water followed by ether, alcohol, and dilute iodine. One visitor is allowed for five minutes only. The usual dose of luminal is given at bed time and a cleansing enema is given at eight o'clock. Routine pre-medication consists of Nembutal and morphia, administered three-quarters of an hour

before operation, the dosage depending on each patient. In order that the patient will not have time to become anxious or restless the operation is posted for the early morning. The pulse is always checked before the patient leaves the ward and any marked increase is reported at once to the interne.

The attitude of the doctors and nurses in dealing with these patients cannot be stressed too much. A case in point is a girl of twenty with a B.M.R. of 45. Pre-operatively she was very difficult to manage, unco-operative, and very displeased with her enforced period of rest. Infiltration with novocaine is the anaesthetic of choice, but this girl was determined to have a general anaesthetic. It was quietly explained to her that the surgeon much preferred local anaesthesia, and wanted her co-operation. But she was also told that at any point in the operation when she became at all uneasy she could be given some supplementary gas. "That is all I want to know" she replied. Her behaviour throughout the whole operation was exemplary and novocaine alone was used.

On return to the ward the patient is watched carefully for bleeding, respiratory distress, and the collection of mucus in the throat. As she invariably asks to drink, great care must be taken to give only sips of water to guard against choking. The patient is turned on her right side for the first few hours to relieve strain on the heart. About four ice-bags are placed at the sides of her chest to act as a sedative pack. She is kept quiet with morphia. Every four hours, six ounces of 5 percent glucose saline, containing the required amount of Lugol's solution and digitalis, are given rectally until the patient is able to take her medicine by mouth. Sometimes these salines have to be given for two days but more frequently the patient is drinking well by the end of twenty-four hours. In severe cases when there is shock, intravenous infusions are given but only in small quantities to avoid strain on the heart.

For the first few days there is frequently a febrile reaction, (100° to 102°) with a corresponding rise (120-140) in the pulse-rate. There is comparatively little pain, the main discomfort being difficulty in swallowing, and the collection of mucus. Linctus codein, given in hot water relieves this condition at once. The voice itself may become affected. It is often husky and at times the patient cannot talk above a whisper. For this condition steam inhalations are of value. A routine post-operative laryngeal examination is done in all cases. Sometimes electrical stimulation is ordered when the voice has completely disappeared but generally, with rest, it returns to normal.

The post-operative course is, however, remarkably smooth. The same principles of quiet, rest, and nourishing food are employed as before. Improvement in the patient's condition can be noted daily. She becomes calmer, more reasonable, and even the stare eventually disappears. In some cases the whole disposition of the patient seems changed.

The Lugol's solution and digitalis are gradually decreased and tonics, such as an appetizer and an iron mixture are given. A routine B.M.R. is estimated about two weeks following operation. If the test is satisfactory, the patient, feeling better than she has for years, is ready for her long convalescence. Although she may think this convalescent period unnecessary she is so grateful for all that has been done for her that she is willing to obey all orders. She is given a sheet of instruction on which are written the length of her rest period, a list of suitable foods, her medication and the day on which she is to report

This illustration shows the correct position for the first twenty-four hours following thyroidectomy. Note the slight elevation of the head and the ice bags placed at either side of the chest in such a manner that they do not interfere with respiration.

to the clinic. Every case is watched in the clinic for several years.

Although complications in the post-operative course are rare, when they do occur they are of a very serious nature. For this reason the nurse must be on the constant watch for any untoward symptoms. These may be:

Excess bleeding, requiring a re-suture.

Dyspnoea, or a choking sensation, due to pressure from a blood clot. This, too, may require a secondary operation.

A feeling of numbness, followed by convulsive spasms, indicating tetany.

During the past year, at the Montreal General Hospital, two cases of tetany have occurred after thyroidectomy. This is due to the removal of, or an injury to, one or more of the parathyroids (the glands influencing the regulation of calcium). The condition, if recognized early, can be relieved by the administration of concentrated calcium and a special diet.

Tachycardia and hyperpyrexia indicate a thyroid crisis and for this condition the Lugol's solution and digitalis are increased and sedative ice-packs ordered. All these complications must be treated as emergencies. Unless they are recognized, reported, and treated immediately the patient's life may be lost.

This constant vigil, and the maintenance of the rigid pre-operative régime, are factors in the care of goitre patients that make heavy demands upon the intelligence and skill of the nurse. But to witness the spectacular disappearance of adverse symptoms, and the rapid transformation of a nervous and irritable patient into a well and happy person is, indeed, a stimulating and rewarding experience.

—MARGARET FAIRWEATHER

Holiday in the Near-East

Hazel A. Goff

When D. and I got on the express for Ankara we were headed for Birijek, a tiny village in the Taurus Mountains, where the American Mission formerly had a children's camp. Two mornings later we arrived at a dusty station on the dry plain, were dumped into a rickety car and jolted and whirled like tumble-weeds up the mountain side for an hour, then suddenly dropped bag and baggage by a rail fence, which led into lovely, sweet-scented pine woods with a back-drop of sheer granite cliff. Into D.'s delightful cottage, with its broad terrace, casement windows, huge fire-place, and big arm-chairs, we quickly snuggled. Divided skirts and sweater suits took the place of uniforms. A charming American family in another cottage provided our meals, good conversation and other comforts.

The mornings we spent in gardening or exploring. An hour of strenuous gymnastics and sun-bathing was followed by an icy shower from a mountain spring after which our thoughts turned to food. In the afternoon we read aloud from books which we had neglected all winter. After tea, there were games with the children, a bit of sewing or a hike. It was always dark when the after-supper conversation waned and lanterns were necessary to get back to our cottage, where every evening, when we could find an excuse (also sometimes without an excuse and with the windows wide open) we built a fire. Often the "praying mantis" would fly in and perch itself on the table, solemnly surveying our idleness with incredible irony. By ten (unless the story was too exciting) we were ready to slip into bed on the terrace under four warm blankets and watch the moon come up over the cliffs. The soft sighing of the pine boughs over our heads soon lulled us to sleep until the chattering of the squirrels announced day-break and the odour of coffee, mixed with wood smoke, lured us out of bed.

Sometimes in the night we would be wakened by the deep, soft clang of bells down in the valley from the camel-trains which usually travel after dark to avoid the terrific heat. Often we saw them — eight to ten camels strung together and led by a donkey, the huge, bright red or blue pack saddles almost hidden by huge bales of cotton. They look so ridiculous with the inevitable blue bead attached to their halters to keep off the evil eye. We made several excursions to Ibrahim Pasha's Castle, and to other villages. Everywhere we encountered nomads with their flocks, living in the black tents of Bible history. Occasionally we had a picnic supper on the mountain side. Mostly we were contented just to enjoy the peace, and quiet and beauty of the place.

Then we went down to Adana and Tarsus for a couple of days. There we slept on the roof under nets, but were wakened early by queer noises. On investigation we discovered that they came from a camel-rost next door. A camel was being hobbled and branded on being turned over to a new owner, a state of affairs he was protesting violently. Camels are queer, ugly beasts but fascinating to watch, especially the babies. One is reminded of the story that after the Lord had finished creating all the other animals, he found he had many pieces left over and so, not wishing to waste anything, he joined them together

and thus produced the camel whose disdainful manner is decidedly that of a creature with an inferiority complex.

Everyone lives on the roof or out of doors in summer so we witnessed many strange scenes. Some build a sort of staging on which they sleep to get more air but most of the poor people sleep on a rug on the flat, mud-plastered roof. Usually the whole family sleeps together enveloped in one big, thick quilt. It is amusing to see the mother emerge from one side of the quilt, fully dressed of course, adjust her head scarf and blink around on the scene. Next the father crawls out, drags himself to the roof ladder scratching his tousled pate with one hand and pulling up the cords of his voluminous trousers with the other. Then, one by one, youngsters of different ages and stages of undress appear, until you are tempted to wager how many more rabbits can be pulled out of the bag. The lumps in the quilt all smoothed out, mother rolls it up on one side. Thus, the chamber work completed, and with the smallest naked kiddie under one arm, she follows in the wake of the others over the edge of the roof and disappears.

Life is primitive among those unfortunates. Women and children, armed with oil tins, spend hours gathering up every snippet of animal droppings from the streets, then they make them into flat cakes and plaster them on the walls of the mud huts to dry for the winter fuel. Close by, the old grandmother spreads out the wheat to dry on old blankets for the winter porridge and seems quite oblivious to the fact that walking over it in bare feet may not improve its keeping qualities.

Tarsus was more to my liking than Adana. It is a homey, solid town with its sturdy stone houses and lovely community garden, but the famous St. Paul's gate is tumbling down. From there we motored back to Birijek through the mountains. It is beautiful but one cannot forget the atrocities that mountain range has witnessed and made possible.

This year vacation came in July and we went to Ephesus and to Bergama. In Ephesus, the renowned street of the silversmiths, who condemned Paul for preaching against the worship of pagan gods, thereby reducing the sale of their silver offerings, is now inhabited only by bees and tiny silvery lizards. The acoustics of the huge theatre are perfect and much credit must be given to the early engineers. Even hot water heating systems indicate that comfort was not neglected. The Temple of Diana makes the construction of our present day houses of worship seem like child's play. The ruins have been so picked over by the German archaeologists that there is little left on which to exercise one's imagination unless one is an ardent Bible scholar. However, the location is lovely and one can easily realize why Ephesus was one of the most important cities in Asia Minor two thousand years ago.

Bergama is most impressive and exciting. There the Greeks built an imposing citadel and fortress, surrounded by three separate walls, which gave them command of the countryside for miles. Nothing was omitted — aqueducts which brought water forty miles, immense wine and oil cellars, granaries, theatres with a movable stage, schools for all ages, gymnasiums, public baths and laundries, courts of justice, temples of worship and hospitals. There one finds an excellent example of an early Greek hospital. To-day the lower part of the Temple of the Gods, where patients worshipped on admission, is in an almost perfect state. The underground corridors, where they slept the first nights and dreamed of the necessary treatments, were at least cool and roomy

and the baths were well worn. The porch for sun treatments was carefully planned, a huge court for gymnastics and the lovely white marble open-air amphitheatre doubtless afforded diversion. Five hundred volumes of Galen's works were found in the library. In the museum are many quaint mementoes for it was the custom to leave a clay plaque of the part of the body diseased, as an ear, a finger, a broken ankle, or a heart, as a sort of visiting card. We left no cards but were a bit awed by the knowledge of hygiene and psychology which some of our pagan ancestors evidently possessed and used in a practical way two thousand years ago.

Our trip on a Turkish boat from Smyrna to Rhodes was an absolute contradiction to all the early hygiene teachings we witnessed in Bergama. With water, water everywhere, they never saw fit to use any of it on deck and we were overjoyed to see the harbour of Rhodes on the third day. This lovely island, just off the coast of Turkey, now belongs to Italy.

Rhodes dates from 1000 B.C. and has had many famous periods, especially from 1300 to 1522 when it was occupied by the Knights of the Crusades from Germany, France, England and Spain, until taken by the Turks. The city is walled and entered by various gates by drawbridges over a wide moat. The story goes that Suleiman, the Magnificent, when he took the city in 1522, lost over ten thousand soldiers. These he piled into the moat, in place of the missing bridge, and marched his men over them, battering down the gate to enter the city. It is true there is a huge Turkish cemetery at that point which they are now moving to make a public park. Since 1912, when the island fell to Italy, much has been done to make it an attractive tourist centre. Old castles are being restored, marvelous roads have been built, model villages are being constructed and, best of all, the new architecture is being kept in harmony with the old. Strangely enough, three-fifths of the fifty thousand inhabitants are Greeks who carry on rug-making, small vineyards and small farming. Here, in 300 B.C., the huge bronze Colossus, then one of the seven wonders of the world, was supposed to bestride the harbour. In its place, on one tall column, are figures of the Roman wolf with Romulus and Remus, and on the other, a huge stag, the symbol for Rhodes.

The principal attraction on the island is the walled city of the Knights. Those formidable walls and castles of medieval construction recall the faith, courage, sacrifice and wealth, as well as the ability of the Crusaders. The largest castle is now being repaired for use as a Government House. The former hospital has been made over into a museum in a most attractive fashion. We made a trip about the whole island and in many places saw other Crusaders castles, in the most exquisite locations. The countryside is particularly picturesque in sections where they use old windmills for irrigation.

The food was marvelous and much enjoyed after my usual fare. Despite the heat a constant breeze kept up the illusion it was cool. The clean, broad streets, artistic buildings, picturesque police guards, *chic* naval officers, well-kept gardens, tall geraniums, masses of hibiscus, garlands of bougainvilia on all the walls, church bells, soft voices, the clump-clump of ambling horse-cabs, the splash of the waves, all gave one a sense of quiet and well-being. Our greatest disappointment was that we could not spend more time in Cos. Two hours in the harbour at 4 in the morning was tantalizing, but we had to let Hippocrates rest there, unadmired.

In Memoriam

At a time of great anxiety and turmoil this country has lost a wise ruler, a kindly philosopher, and a great gentleman. We can add very little to the magnificent tribute already paid to Lord Tweedsmuir except to claim a share in the sincerity and affection which prompted it. But there is one aspect of his character of which nurses have a special understanding and that was his capacity to bear pain with fortitude and even cheerfulness. Never a robust man, and harassed by all manner of irritating concerns and duties, he faced them with unfailing patience and good humour. There does not seem to be any doubt that he was happy in Canada, for he himself said that his roots had gone deep. Perhaps the journey in the Far North was the most rewarding of all. Certainly the pictures made at that time show him in an eager and responsive mood.

Lord Tweedsmuir has left a precious legacy in his books and in the record of his spoken words. Here are some to be held in remembrance: "Our business is not only with eternity but with time, to build up on earth the Kingdom of God, to enable men to live worthily, and not merely to die in hope."

Margaret Breay

A gallant figure passed from the earthly scene when Margaret Breay died on December 19, 1939. She entered the School of Nursing of St. Bartholomew's Hospital, London, in 1885, and after a varied and interesting professional career at home and abroad became associate editor of *The British Journal of Nursing*. For more than forty years, the close collaboration existing between the editor-in-chief, Mrs. Bedford Fenwick, and Miss Breay resulted in the production of a professional journal characterized by originality, fearless thinking, and invincible courage.

Everything which Miss Breay wrote had a distinction all its own. Future historians will be grateful for her vivid and authoritative accounts of important national and international nursing events in which she herself took an important part. Time cannot destroy the vitality and charm of her narrative.

Even at the end, the gallant spirit did not falter. Although she was very ill when war broke out, she refused to have a fire in her room because "it was taking it from the soldiers". Of Margaret Breay it may truly be said that she was worthy of the honourable tradition to which her life was dedicated.

The following expression of sympathy and respect has been received from Miss Effie J. Taylor, President of the International Council of Nurses, with the request that it be published in this *Journal*:

The International Council of Nurses, through the pages of *The Canadian Nurse*, records its deep sympathy and personal loss

in the passing of Miss Margaret Breay, who has given more than half a century of service to the profession of nursing, and has devoted herself to its interests both as a national figure in English nursing and as one of the first members of the International Council of Nurses.

Miss Breay, while modest and retiring in personality, was a woman of marked intellectual ability and had great facility in writing.

As assistant editor of the British Journal of Nursing for over forty years, Miss Breay was known wherever that Journal was distributed, and side by side with its brilliant editor, Mrs. Bedford Fenwick, she endeavored to hold fast the standards of nursing in which they so firmly believed.

Miss Breay will be greatly missed when the International Council of Nurses again assembles, as she has been a prominent member of the Grand Council, as a representative from the National Council of Nurses of Great Britain, and has served the International Council of Nurses as an officer and as a committee member for over forty years. Unselfish devotion such as that shown by Miss Breay is seldom found.

It is with a deep sense of obligation to Miss Breay as a personality and as a devoted and valued member of the profession of nursing, that the International Council of Nurses extends its sympathy to her close associates in England, and records our own loss in the death of one of our most esteemed and useful members.

Obituaries

HELEN M. BAYNES died on January 19, 1940, in the Ross Pavilion of the Royal Victoria Hospital, Montreal. She was a graduate of the School of Nursing of the Royal Victoria Hospital and a member of the Class of 1902.

NORA FOSS, who had been for nearly twenty years matron of the Lancaster Military Hospital, died recently in the Saint John General Hospital. Her bright and charming personality made her greatly beloved by a host of friends. She graduated from the School of Nursing of the Saint John General Hospital and was among the first of the nurses from Saint John to go overseas for service in the last war. Shortly after her return she was appointed matron at the Lancaster Military Hospital and filled that position with conspicuous success until her retirement about two years ago.

FRANCES L. KNUCKEY died recently after a long illness. She was a graduate of the School of Nursing of the Saskatoon City Hospital and gold medalist in the Class of 1931.

ANNIE REBECCA MOORE died at Gibsons Landing, B.C., on February 1, 1940. Miss Moore was a graduate of the School of Nursing of the General and Marine Hospital, Collingwood, Ontario, and practised her profession for the past twenty years in British Columbia.

FLORENCE RUSSELL STEVENSON died on January 26, 1940, in Quebec, P. Q. Mrs. Stevenson was a graduate of the School of Nursing of the Montreal General Hospital and a member of one of the very early classes. She later became the wife of Dr. James Stevenson.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

A Mark of Respect

At the funeral service of the late Governor-General, Baron Tweedsmuir of Elsfield, the Canadian Nurses Association was represented by the First Vice-President, Miss Elizabeth L. Smellie, C.B.E., R.R.C.

Membership

In 1930 the Canadian Nurses Association became a federation of the nine Provincial Associations of Registered Nurses. At that time 8,023 registered nurses were members of the provincial associations. At the end of the year 1939, the total membership of the provincial associations had reached 16,758, an increase of almost 52 per cent in a ten year period.

In giving this customary annual accounting on membership the time seems opportune to enumerate the objects for which the Canadian Nurses Association carries on. These are: to promote national unity among the nurses of Canada; to elevate the standard of nursing education and practice in order to render the best type of public service; to stimulate in its members an active interest in community welfare; and to encourage an attitude of understanding towards the nurses of other countries.

Numerical strength is an important factor in any organization and becomes notably significant in a professional group whose geographical boundaries are as extensive as those of the Dominion of Canada. However, numbers alone never shall achieve the objectives of the National Organization. The very best contribution of the individual nurse is a most necessary factor whereby a forward movement for nursing in Canada can be assured.

General Meeting

As announced in the January and February issues of the *Journal*, the twentieth General Meeting of the Canadian Nurses Association is to be held in Calgary instead of in Banff, Alberta. The dates are June 24-29, 1940. It is recommended that early reservation for accommodation be made by those who wish to secure the same at convention headquarters, Hotel Palliser.

Transportation

The Canadian Passenger Association has advised that the most advantageous excursion rates for those who wish to attend the general meeting in Calgary will be the regular summer tourist rates. These rates are obtainable for (1) twenty-one days, and (2) until Octo-

ber 31, 1940; both offer standard and tourist accommodation. These excursions permit travel, if preferred, via the Great Lakes route. Detailed information can be obtained from all ticket offices of the Canadian National Railways and the Canadian Pacific Railways. Both railways offer several optional routes and stop over privileges. Those who wish to visit the Pacific Coast either prior to or following the General Meeting will find that additional travel costs are most reasonable.

Special Social Functions

The Programme Committee plans to leave one evening free so that alumnae and other groups can arrange for their special parties. Miss Margaret Fraser, Royal Alexandra Hospital, Edmonton, is convener of the special social functions committee. Miss Fraser will be pleased to give further information and to make reservations for those wishing to arrange for special parties. The Hotel Palliser is well equipped to take care of numerous social functions.

Hotel Accommodation

Nurses who wish to secure accommodation at the Hotel Palliser are urged to make early reservation. Such requests should be addressed to the Manager, Hotel Palliser, Calgary. Most reasonable rates are offered to members of the Association. The Committee on Arrangements have also submitted rates for accommodation elsewhere than at the convention headquarters. The rates for Hotel Palliser and elsewhere are quoted herewith. The rates quoted are per diem, except when otherwise stated. The prefix "S" means single room; the prefix "D" means double room.

Hotel Palliser—S.R., $3.00; D.R., $2 00; 3 in a room, $1.25; each room has connecting bath.

York Hotel—S.R., $1.50; D.R., $1.25.

Wales Hotel—S.R., $1.75 - $2.50; D.R., $1.25 - $1.75.

Empress Hotel—S.R., $2.00 or $12.00 per week; D.R., $1.50 or $9.00 per week.

Braemar Lodge—S.R., $1.50; D.R., $1.00.

Rooms without bath at slightly lower rates than those quoted above are available at the York, Wales and Empress Hotels and at Braemar Lodge. The Wales and Empress Hotels are termed "family hotels".

Any nurse who wishes additional information relative to accommodation should write to Miss Mary Maclear, 1707 Broadview Road, Calgary, Alberta. Miss Maclear is convener of the sub-committee on housing of the committee on arrangements for the General Meeting.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Ontario:

A.A., Oshawa General Hospital, Oshawa	$ 5.00
A.A., General and Marine Hospital, Owen Sound	10.00
A.A., Nicholls Hospital, Peterborough	5.00
A.A., Toronto Western Hospital, Toronto	15.00

The R. N. A. O. Annual Meeting

As in former years, the Annual Meeting of the Registered Nurses Association of Ontario will be held during Easter week. The meeting this year is in Ottawa at the Chateau Laurier on March 27, 28 and 29. The Board of Directors will meet on Tuesday, March 26, and on Wednesday morning, March 27. The general meeting opens at 2 p.m. on Wednesday, March 27, and the programme has been outlined tentatively as follows:

Wednesday, March 27

Afternoon Session:

Addresses of welcome.
Report of secretary.
Report of treasurer.
Appointment of resolutions committee.
Appointment of scrutineers.
Reports of standing committees with discussion.
President's address.
Budget.

Evening Session:

Banquet at 7.30 p.m. The name of the guest speaker will be announced later.

Thursday, March 28

Morning Session:

Reports of District Associations.
Reports of special committees.
Report of refresher and extension courses at the University of Western Ontario, and the University of Toronto.

Afternoon Session:

Report of *The Canadian Nurse* Provincial Circulation Committee (followed by a brief comment by Miss Ethel Johns, "Editorially Speaking").
Report of the activities of the Council of Nurse Education.
Report of the Committee on the formation and re-organization of Registries.

Evening Session:

8.00 p.m. This session will take the form of an open meeting. Addresses on "Changing Trends in Education" will be given by Miss Catherine I. MacKenzie, Principal, High School for Girls, Montreal, and by Miss Marion Lindeburgh, Director, School for Graduate Nurses, McGill University.

Friday, March 29

Morning Session:

Business meetings of Sections.
At the ensuing general meeting, "Co-operative planning in nursing with Demonstration" will be directed by Miss Winnifred Cooke, theoretical instructor, School of Nursing, the Ottawa Civic Hospital, assisted by members of the staff.

Afternoon Session:

Reports of Sections.
Report of resolutions committee.
Unfinished business.
New business.
Results of election of Officers.
Adjournment.

The members of District 8 are entertaining the delegates at a tea on Thursday afternoon. Following the open meeting in the evening, there will be a swimming party at the Chateau Laurier Pool for all delegates attending the Convention.

We are very pleased to announce that all commercial firms, who had exhibits at former meetings, have reserved space in Ottawa. The Association greatly appreciates this co-operation, and trusts that the attendance of the nurses will at least reach, if not exceed, that of other years.

On Saturday, March 30, there will be a meeting of the Board of Directors.

Matilda E. Fitzgerald,
Secretary-Treasurer: Registered Nurses Association of Ontario

THE M.A.R.N. ANNUAL MEETING

The annual meeting of the Manitoba Association of Registered Nurses will be held on the afternoons of April 11, 12 and 13 at the Fort Garry Hotel, in Winnipeg. Luncheon meetings, sponsored by one of the three sections, will precede the afternoon sessions. On Thursday, April 11, there will be a luncheon for the Nursing Education Section followed by the reports from the provincial graduate nurses associations, and an address, "Conserving the Elements of Good Citizenship," by one of the University professors. The evening session will begin with musical numbers rendered by student nurses from the various schools. A prominent surgeon will give a talk on chest surgery, and a film portraying a lobectomy operation will be shown. The Brandon Graduate Nurses Association have been invited to put on a symposium on good nursing care, from the point of view of the instructor, the head nurse and the patient.

On Friday, April 12, the Private Duty Section will sponsor a luncheon followed by a business session. An address will be given by a psychiatrist, followed by an explanation of the nursing care of mental patients. The occupational therapist will speak on the place of this important therapy in the treatment of mental patients. An address will be given by a specialist, on ear infections, followed by a demonstration of teaching methods employed at the School for the Deaf.

On Saturday, April 13, the luncheon will be sponsored by the Public Health Section. "Integrating the health aspect in the student nurses curriculum" is the title of an address to be given by Miss M. Wilkins, health instructor, Winnipeg General Hospital. "The preparation of the teacher for the development of a health programme in the schools" is the topic chosen by Miss V. Hannon, health instructor, Winnipeg Normal School. "A Health Play" will be directed by Miss R. McElheran, Winnipeg School Health Service. A demonstration of a student round table conference will be given by Miss E. McDowell. Detailed arrangements for the annual dinner will be announced later.

GERTRUDE HALL,
Executive Secretary: Manitoba Association of Registered Nurses

THE R.N.A.B.C. ANNUAL MEETING

The annual meeting of the Registered Nurses Association of British Columbia will be held at the Empress Hotel, Victoria, B. C. on March 29 and 30. At the time of going to press, full details were not as yet available.

THE A.A.R.N. ANNUAL MEETING

The annual meeting of the Alberta Association of Registered Nurses will be held on Easter Monday, March 25, at the Hotel Palliser, Calgary. The main feature of this one-day business meeting will be the official welcoming into being of the seven organized Districts of Registered Nurses, a brief outline of which appears elsewhere in this issue of the *Journal*.

The R.V.H. Canteen

H. Aline Paice

The happy people shown in this picture are gathered around the counter of the Canteen in the out-patient department of the Royal Victoria Hospital Montreal. The primary object was to provide suitable and inexpensive food for out-patients and their relatives who were detained over the noon hour or who had come from long distances and would be late in getting home. Some were able to pay a small amount (ten or fifteen cents) but others were not and were given free tickets from the Social Service Department.

The Canteen was first started in 1930, when the Hospital put in the equipment and the Junior League volunteers took on the management. It was staffed by four or five volunteers who, each day, prepared and served the meals. The service proved very popular and the proceeds were given to the Social Service Department. Later, the Junior League decided to discontinue their volunteer service, since they had proved that there was a need for a canteen and were assured that it would be kept open. The Alumnae Association asked if they might carry on in order to see whether, with a paid staff, the Canteen would still be profitable and, in September, arranged with the Hospital to take over the service.

Many others beside the patients pa-

tronize the Canteen. These include the clerical staff, the attending physicians, internes, medical students, staff and student nurses when off duty. The average expenditure is about 15 cents and 150 people are served daily. Indigent patients are still given tickets by the Social Service Department and milk is supplied to the children. The menu includes soup, beans, spaghetti, sandwiches, pies and cake, tea and coffee, milk and fruit juices, and ice cream. The equipment consists of tea and coffee urns, (inherited from the Hospital); 2 gas burners; an icebox; an ice cream refrigerator; a small dish sterilizer.

The staff is under the direction of Miss N. Enright who is herself a member of the Alumnae Association. There are two maids, one of whom works from 9 a.m. to 5 p.m. and the other from 11 a.m. to 2 p.m. In addition, the canteen committee arranges for the services of twelve regular volunteers, all of whom are alumnae members. They work in teams of two, each day of the week, and are of great assistance with the routine work and in helping out in any emergency.

Financially, the venture is proving a great success, probably because the Canteen is open for a longer period of time than formerly and great economy is exercised. Supplies are bought at wholesale prices through the Hospital purchasing department and careful handling of food avoids waste. The patients and other clientele seem to enjoy the informal social contact; they congregate on the benches in the waiting room in small groups and spend a few minutes in a thoroughly democratic atmosphere.

The Social Service Department receives 75 percent of the profits, which are used to buy such prosthetic needs as glasses, surgical belts, braces, etc., for indigent patients. The remaining 25 percent reverts to the Alumnae Association for the Special Benefit Fund. In addition to the Sick Benefit Fund, which takes care of the graduate nurses when they are ill, the special benefit fund was created to be used in helping any member who may require temporary assistance in an emergency. The Alumnae Association is to be congratulated on the success they have made of this social service venture.

Extra-pleural Pneumothorax

ESTELLA HAYES

The subject of this study is a single man, twenty-two years old, five feet eleven inches tall, who upon admission weighed only 119 pounds. As a child he was healthy and his home conditions were good; he lost no time at school due to illness, and after graduating from high school, was employed as an office clerk. In 1933, his father died of pulmonary tuberculosis and although an X-ray examination in May showed nothing diagnostic of tuberculosis, by July of the same year he developed pleurisy with effusion on the right side of the chest. This was aspirated once and he stayed in bed at home for a month and rested partially for three months. He went back to work as a time-keeper for about six weeks and remained fairly well until January, 1937, when he began to

feel tired and lose weight. However, in February he began work again as an office clerk continuing until May when he consulted a physician because of pain in his chest. He was examined at the tuberculosis clinic in the Health Centre and admitted.

A thorough physical examination revealed that although his temperature and pulse were normal, he had a high sedimentation rate, and a slight cough. Sputum on examination for tubercle bacilli was negative; he complained of fatigue and loss of weight but there were no gastro-intestinal or urinary symptoms. The X-ray showed an intensive bilateral pulmonary tuberculosis involving the upper half of both lungs, particularly the apex and the first interspace of both the right and left lung. He was put on strict bed rest and was taught the meaning of rest in the treatment of tuberculosis. His general condition began to improve. His temperature was not over 99.2° and the pulse about 100, he had no cough and very little sputum. He gained weight and his appetite and digestion were good.

In January, 1938, he developed gastro-intestinal symptoms and was put on a bland diet. Sun-lamp treatments were given, but by March the X-ray showed progression of tuberculous disease in the upper third of the right lung; in the left lung there was very little change. Intra-pleural pneumothorax was attempted three times on the right side but the attempts were unsuccessful and in September, 1938, it was decided to establish an extra-pleural pneumothorax on the right side.

This procedure is a form of collapse therapy in which the parietal pleura is stripped from the chest wall by a surgical operation, thereby creating a space into which air can be introduced and the collapse maintained. After its creation, this form of pneumothorax differs from the usual intra-pleural pneumothorax in that the collapsed part of the lung is covered by the parietal as well as the visceral pleura.

It is essential that the trachea and bronchi be kept clear of secretion during the operation so a hot drink was given to encourage him to raise sputum. On the morning before the operation the area was shaved and cleansed with green soap and alcohol. In the evening the area was painted with Tr. Metaphen, covered with sterile sheet wadding and a binder applied. The painting was repeated in the morning about two hours before operation and a sedative was given.

Avertin and Cyclopropane were given for anaesthetic purposes. This type of anaesthesia is considered satisfactory on account of the high oxygen concentration, the quietness of the respirations, and the absence of coughing. The incision was made parallel to the scapula, one and one-half inches from the vertebral border with the middle over the fourth rib. Four and one-half inches of the fourth rib were removed and the parietal pleura was stripped from the chest wall so that the lung could be dropped entirely below the level of the fourth rib opening.

The usual post-operative nursing care was given and the dressing was watched for staining. The bed was elevated at least forty-five degrees in order to prevent a blood clot from adhering to and stretching between the freed apex of the lung and the wall of the cavity. Such a clot might later organize and form adhesions. For one week after operation, the patient's temperature ranged between 99 and 101 degrees. His pulse was 100 to 110; respiration between 20 to 24 per minute. He was put on liquid diet for two days and then soft diet.

On the afternoon following operation, twenty-five cubic centimetres of air were introduced into the second interspace anteriorly. Air was given every day for five days and then allowed to go three days between re-fills. On the eighth day the sutures were removed. This operation is like thoracoplasty in that a large quantity of blood serum collects in the cavity and 215 c.c. of bloody serum were aspirated from the right side of the chest. His condition remained good and two days later the right side was again aspirated and 425 c.c. of dark red serum were obtained. In five days time, only a very small amount of fluid was again aspirated. The interval between re-fills of air was gradually increased and by December 1938, the time was extended to two weeks, with 100 to 200 c.c. of air at each re-fill. During this time he was fluoroscoped frequently.

Although this patient was checked as a contact following his father's death, he was lost track of later. He then developed pleurisy with effusion and in spite of that warning did not receive sanatorium treatment until he had extensive bilateral disease. When the simpler forms of treatment failed, collapse therapy was necessary but attempts to give him intra-pleural pneumothorax failed. Since it was not the type of disease for a thoracoplasty operation, it was decided a suitable case for a newly devised operation, which has already been described, known as extra-pleural pneumothorax. It is interesting to note that this was the first operation of this kind to be performed at the Saint John Tuberculosis Hospital.

The patient has maintained compression over seven months. His clinical condition shows improvement, the sputum remaining negative and the sedimentation rate normal.

Pageantry at the V.G.H.

ELSPETH MONTEITH

The Alumnae Association of the School of Nursing of the Vancouver General Hospital recently gave a delightful dinner in honour of the Gradu-

ating Class of 1940. Arrangements were in the capable hands of Miss C. Walker, and presiding at the head table, was Miss Alison Reid, our newly elected president. With her were Miss Grace M. Fairley, the honourary president; Mrs. H. Heal, retiring president; Miss H. Randal, Registrar of the Registered Nurses Association of British Columbia; Miss M. Gray, of the Department of Nursing and Health, University of British Columbia; Miss M. Duffield, superintendent of the Vancouver Branch of the Victorian Order of Nurses; and Mrs. A. K. Haywood. The sixty-two members of the Class were seated at several tables with their graduate "Big Sisters" opposite them, and formality and seniority were forgotten as we greeted old friends and recalled our own training days. One of our members, Alicia Reid, entertained us with songs, and community singing led by Miss Margaret Kerr was much enjoyed.

Later in the evening a Pageant of the History of Nursing was presented by twenty-seven Alumnae members, depicting the upward climb from the first primitive witch doctor to the famous Florence Nightingale and so onward to the professional young woman of today. The characters were introduced by Miss E. McCann and, as a finale, Florence Nightingale (played by Miss Trenna Hunter) stepped from the stage and lighted the candles of the Big Sisters who in turn handed them on to their Little Sisters with this message:

With the symbol of the lamp burning brightly, service never faltering, and faith never failing, the trust of Florence Nightingale and all the Vancouver General Hospital Alumnae passes on, with this tiny candle, into the hands of you, our new Alumnae.

The following are the names of those who took part in the Pageant and the characters they represented:

Miss J. Kennedy, Witch Doctor; Miss F. Cooper, Fabiola; Miss J. Davenport, Paula; Miss I. Loucks, Phoebe; Mrs. A. Grundy, A Knight of St. John of Jerusalem; Miss E. Nelson, St. Elizabeth of Hungary; Miss M. Wright, St. Vincent de Paul; Miss M. Minor, Jeanne Mance; Miss M. Gordon, Betsy Prig; Miss M. Buckland, Sairey Gamp; Miss A. Williams, Frederike Fleidner; Miss O. Shore, Sister Helen; Miss M. Lightly, A 1940 Vancouver General Hospital Nurse; Miss T. Hunter, Florence

Nightingale; Mrs. G. E. Gillies, The first Vancouver General Hospital Nurse; Miss E. Ketchum, A Massachusetts General Hospital Nurse (representing early American trained nurse); Miss M. Steele, Linda Richards; Miss C. Campbell, Agnes Karll of Germany; Miss P. Sherwood, Baroness Mannerheim, of Finland; Miss D. Paulin, Miss Lascelles, of India; Miss H. Dobson, A Visiting Public Health Nurse (after the War of 1914-1918); Mrs. H. Mayers, Miss J. McTavish, Miss G. Pierson, C.A.M.C. Nursing Sisters (1914-1918); Miss F. McQuarrie, Miss Jean Gunn. Miss E. Maguire, the University Graduate in Nursing; Miss G. Noble, representing the Victorian Order of Nurses, and public health nursing.

As this happy occasion drew to a close, all those present voted it to be an outstanding success.

Reader's Guide

No one knows more about nursing in Northern Alberta than ***Miss Blanche Emerson***, supervisor of child welfare in the provincial Department of Health. Her article conveys a keen sense of historical values as well as affording a vivid glimpse of the Albertan landscape.

Miss Margaret Fairweather is the Sister-in-Charge of the Women's Surgical Ward in the Montreal General Hospital and has had considerable experience in the expert nursing care of patients suffering from goitre.

At the time when "Holiday in the Near-East" was written, ***Miss Hazel A. Goff*** was the director of the Red Crescent School of Nursing in Istanbul, Turkey. She has recently been appointed principal of the School of Nursing of St. Luke's Hospital, Cleveland, Ohio.

Miss Estella Hayes is assistant surgical supervisor in the Saint John Tuberculosis Hospital, Saint John, N. B., and describes the various aspects of an interesting case from a preventive as well as a curative point of view.

Miss Elspeth Monteith describes the use of pageantry at a celebration which took place under the auspices of the Alumnae Association of the Vancouver General Hospital.

Does your Alumnae Association need to turn an honest penny? If so, be sure to read about the R.V.H. Canteen. ***Mrs. H. Aline Paice*** is the director of the Social Service Department of the Royal Victoria Hospital, Montreal.

In ***Notes from the National Office*** you will find all sorts of information which will help you to plan to attend the Biennial Meeting of the Canadian Nurses Association.

WANTED

A Nurse Technician to take charge of X-ray Department in the Kitchener-Waterloo Hospital. Applicants will please state experience, and enclose references. Applications should be addressed to:

THE SUPERINTENDENT,
Kitchener-Waterloo Hospital,
Kitchener, Ontario.

STUDENT NURSES PAGE

What it Means to be a Probie

MURIEL GRACE MARQUETTE

Student Nurse

School of Nursing, Ottawa Civic Hospital

Five months ago the meaning of the word "probie" was rather vague. I felt very much like the little probationer to whom the doctor said, "Get me a probe", and who timidly replied, "Won't I do?" The weeks have passed so quickly, filled with study, practical work, and of course some fun too, because life in a school of nursing has its amusing moments. Last September I would never have believed that we could acquire so much knowledge in so short a time. I realize that we have merely scratched the surface, below which we must delve during the next two and a half years and indeed as long as nursing is our chosen profession.

With the exception of two hours in the morning and three hours in the late afternoon, practically all our time has been spent in the classrooms with able instructors introducing to us a new world. Anatomical, medical, and surgical terms floated round our bewildered heads but gradually they acquired meaning even to an ignorant little probie. Anatomy! Who ever realized before what a complicated machine the human body is and how delicately it is balanced? Drugs! On the medical floors how fascinating now to watch the miracle as a pneumonia patient reacts to the administration of Dagenan and gradually returns to the world from which he was slipping. Nursing procedure, with the trials and tribulations of sterile technique! Contamination threatens every move but what a triumph the day you emerge hot and uncomfortable without having once overstepped the margin of safety.

Our first days on the wards are now a hazy memory but probably it is best that that is so. The untiring patience of supervisors and senior nurses, as we struggled with our first beds and asked our stupid questions, seems now almost incredible. A firm resolve has been made to remember that in the future when some timid soul ventures to ask a question. My own embarrassment in similar circumstances is a vivid recollection.

Life on the wards is never monotonous. In no other profession is there such an opportunity for observing people and their reactions under adverse circumstances. The little woman who courageously faced an operation and said, "I'll be down to see you at dinnertime". The man, a Great War Veteran, who in an ashamed tone whispered one day, "Nurse, I wouldn't want the older

nurses to know I am so foolish but I have never taken an anaesthetic and I dread that more than the operation. What will it be like?" My inexperience seemed a parallel to his own, and he was not afraid to ask me that question. I almost felt glad he didn't think me wise.

My last week, spent in the admitting department, has been a revelation of life in the various strata of society. This morning through the door was wheeled the mother "on relief", and her two-hours old bady. The wee girlie in her bundle of dirty ragged clothes — so tiny I hesitated to touch her when she emerged from the chrysalis, but her lusty cry showed strength in the five-pound morsel of humanity. Gently I lifted her to a clean blanket and she slept. I turned from that bed to conduct to his private room the confident, well-dressed man in his raccoon coat. Does one half the world know how the other half lives? I am thinking now of the old Polish lady whom I was scrubbing vigorously in the tub when she burst forth in broken English, "Me no like to be dirty. At home water cold, notting like this (touching tub). Me want to be clean". Who suggested the life of a probie is an uninteresting round of beds, backs, meals, backs, meals, beds? Never that although we do admit there are many "off moments" but where is it otherwise?

Book Reviews

SUPERVISION IN PUBLIC HEALTH NURSING, by Violet H. Hodgson. 375 pages. Published by The Commonwealth Fund, New York. Price, $2.50.

Mrs. Hodgson's contribution to public health nursing literature fills a long felt need. Written in an interesting, readable style, on a good quality of white paper, it contains something of value for the supervisor in any branch of public health nursing and for the inexperienced supervisor it should prove an indispensable guide.

The book briefly outlines the framework within which supervision functions; desirable supervisory principles and practices in a democratic society; and supervisory qualifications and functions in official and private agencies. Mrs. Hodgson has kept continuously before the reader the importance of inalienable human rights or respect for the dignity of the individual and never more so than in her treatment of "The Field Visit" and "Evaluation and Rating". One might have wished for more on the subject of evaluation and rating but Mrs. Hodgson has raised questions which must be answered by the thoughtful supervisor. Records and reports take on a new importance when viewed as Mrs. Hodgson so aptly puts it as "yardsticks of personal and professional growth." To quote: "The records can therefore be an index of the professional progress of the supervisor as well as the nurse, for it is to the nursing performance that the supervisor must look for the evidence of her success or failure as a supervisor."

Throughout, the quality of the staff nurses service to the community is taken as the measure of the supervisor's skill. Such a challenge calls for a rigid self analysis that should make of the supervisor a very understanding human being. This book is well worth owning.

Marion E. Nash,
Educational Director,
Victorian Order of Nurses,
(Montreal Branch).

THE COST OF LIVING. A study of the cost of a standard of living which should be to maintain health and self respect. 43 pages. Published by The Welfare Council, Toronto, 1939. Price, 50 cents.

This pamphlet has been published under the auspices of the Welfare Council of Toronto and district. It was prepared by a committee representing various social agencies in co-operation with the Departments of Health and Public Welfare of the city of Toronto and the Province of Ontario. Although the scope of the study is confined to Toronto and the surrounding district, it does provide a sound basis for Canada-wide studies of the adequacy of income and analysis of methods of spending.

The findings concerning actual family spending and expert opinion on the problem have been assembled in a well co-ordinated treatment which includes the basic demands upon income for shelter, food, and clothing, together with operating costs such as fuel, cleaning materials, car fare, etc. Savings and insurance, medical service, advancement and recreation, also receive consideration. In keeping with the modern trend, associated medical services are enlisted in meeting the problem of illness; but it has been found that while a small savings account is possible for meeting emergencies—"at present, provision for old age is out of the question on even the best wages available for working men."

Under the prevailing fluctuating conditions there is more need than ever for the nurse to give families sound advice about spending. In this connection, the tables found in Part 1 of this pamphlet should prove invaluable when assembling individual family budgets. These tables give specific information concerning each of the major items of expenditure to which reference is made above.

MARION HARLOW,
Nutritionist with the Victorian Order of Nurses,
(Montreal Branch).

Overseas Mail

From time to time (if the censor permits!) we hope to publish interesting excerpts from "the overseas mail" which we in Canada read so eagerly. If you have letters which you are willing to share with the readers of the *Journal* we shall be glad to hear from you.

The following letter has been received by Miss F. H. M. Emory, School of Nursing, University of Toronto, from Miss Daisy C. Bridges. During her visits to Canada, Miss Bridges has endeared herself to Canadian nurses who will appreciate Miss Emory's thoughtfulness in allowing the *Journal* to publish excerpts from her letter:

Will you please thank all those good friends of mine who combined to send me such a lovely and generous Christmas parcel. We have been constantly on the move — clearing up and making habitable one lot of billets after another — and learning the ways of one military hospital after another. I do not know where we are going, or where I shall be sleeping two nights from now! But wherever we go we shall try and do what is required of us with all our hearts and wills.

Here is a letter addressed by Miss Marion Jeans to Miss Barbara Campbell, of the Royal Victoria Hospital, Montreal:

So the war we have anticipated for so long has come! I must say though, I am glad to be in England. The last few days of "peace" and the first week of war were anxious days, nobody knew what to do, and then we had a number of air raid warnings which were very unpleasant, getting up at 2.45 a.m. with those eerie whistles going! However, people soon took up a sort of fatalistic attitude and decided to make the best of it, and when we had a warning about a month ago we weren't at all upset. I looked out of the window and saw the barrage balloons going up and buses drawing up to the curb to allow the people to go to the shelters in the Park. There were a number of people walking and standing in the street gazing up to the sky. However, *they* didn't get through, and the "all clear" went very soon. We are all quite used to the black-out, and now nobody bothers to mention it at all. It is unpleasant in the rain, but moonlit nights in London are marvellous; of course nobody ever remembers having seen the moon over London before!

Now for a little news of my own doings. About the middle of August I thought I'd enrol for National Service (never really thinking I'd be needed). Imagine my surprise (and almost disgust) to receive a phone call on Thursday, August 31, asking me to report for duty at 2 a.m.! I couldn't get over it, and felt very much the martyr I am afraid, staying up all night in a first aid post in the basement of Bradley's Fur Store! There were half-a-dozen of us there, to lay casualties out on the floor if they came to us. The Germans invaded Poland that night so we knew we were "for it", and the next day carpenters were busy getting the place fixed up and supplies began to come in. At the end of a week everything was in running order, including a gas decontamination department. We had all kinds of lectures, in fact the town councils everywhere in the country have had well organized courses of instruction for the past year or eighteen months. The first aid course is separate from the gas course — so there are plenty of qualified assistants.

INSTITUTE FOR THERAPEUTIC RESEARCH

William R. Warner & Co. and affiliated companies announce that the organization of the Warner Institute for Therapeutic Research, sponsored by them, is now complete. The aim of the Institute is to pursue fundamental research for the development and improvement of therapeutic agents and measures of diagnosis and treatment. The Chemical Division is organized for the creation of new organic and inorganic compounds, the isolation of naturally existing compounds from biological, botanical or mineral sources, and the determination and study of the chemical and physical properties of such new compounds. The Biological Division is comprised of a series of laboratories designed, equipped and staffed to test thoroughly and evaluate new therapeutic products. The experimental animal facilities are unusually complete, and unique in certain aspects relating to general hygiene.

Although the primary purpose of the Institute comprises the creation of new therapeutic agents designed for specific function, and the improvement of existing drugs, research of a purely academic nature is carried on. A constant interchange of new scientific data goes on between the Institute's personnel and the staffs of university laboratories. The sponsors, through the Institute, have established a number of research fellowships and scholarships in various universities and other research centres, in support of the projects now under way. It is believed that this will increase the Institute's value and scope.

NEWS NOTES

ALBERTA

EDMONTON:

Royal Alexandra Hospital:

The annual meeting of the Royal Alexandra Hospital Alumnae Association took place recently. After the reports of the retiring officers were accepted a new executive was elected: Honourary president, Miss Margaret Fraser; president, Mrs. J. F. Thompson; first vice-president, Miss Jean Davidson; second vice-president, Mrs. R. Boyd; recording secretary, Miss Kathleen Stackhouse; corresponding secretary, Miss A. E. Graham; treasurer, Miss A. Lysne; committee conveners: programme, Mrs. Ellwell; sick visiting, Miss Ida Johnson; social, Miss Molly Policha; news letter, Miss Violet Chapman; benefit and loan, Miss Mae Griffith; scholarship, Miss Laufey Einarson; executive, Miss Annie Anderson, Miss Gladys Austin, Mrs. Brennan.

LETHBRIDGE:

The annual meeting of the Lethbridge Graduate Nurses Association was held recently at the Galt Hospital. This meeting was largely attended, proving the activity of the group. The members of the executive and other committees for the coming year are as follows: President, Mrs. Robert Niven; first vice-president, Miss A. Kostuik; second vice-president, Miss O. Cardwell; secretary, Miss M. Bair; treasurer, Miss L. Cheney; social convener, Miss G. Morrison; programme convener, Mrs. A. Lacey; flower and visiting committee: Miss M. McCartney, Miss A. Tuttle; chairman of subscription committee for *The Canadian Nurse*, Miss B. Clarke; press convener for *The Canadian Nurse*, Miss C. McLennan.

Plans were discussed for a tea to be held near to St. Patrick's Day.

The Lethbridge Graduate Nurses Association have been discussing the feasibility of affiliating with the Alberta Association of Registered Nurses and the local group recently entertained the provincial president, Miss Kate Brighty, at a dinner at which thirty-five members were present. The district by-laws were explained as well as the constitution. The decision of the group is pending. The members will not soon forget the broader vision given to us by Miss Brighty.

Miss Annie M. Fallis, graduate of the School of Nursing of the Calgary General Hospital, and post-graduate in teaching and supervision of the Toronto University School of Nursing, has accepted a position as instructress of nurses at the Galt Hospital, Lethbridge.

Miss Amy Tuttle, graduate of the School of Nursing of Medicine Hat General Hospital, has accepted a position as office nurse at the Galt Hospital.

Married: Recently, Miss Irene Mayberry (Galt Hospital, 1932) to Mr. Neal Mundew.

Married: Recently, Miss Irene Techmeyer (Calgary General Hospital) to Lieut. Henry Ward.

PONOKA:

A meeting of the Ponoka District of the A.A.R.N., was held recently at the Provincial Mental Hospital, Ponoka, forty-two nurses being present. A convener and committee were appointed to carry out plans for the formation of home nursing classes in conjunction with the Canadian Red Cross Society. A most interesting address was given by Mrs. C. E. Melrose of Edmonton on her recent trip to the Scandinavian countries.

BRITISH COLUMBIA

VANCOUVER:

St. Paul's Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. Paul's Hospital, Vancouver: Honourary President, Rev. Sr. M. Philippe; honourary vice-president, Rev. Sr. M. Columkille; president, Miss M. Jacobson; vice-president, Miss M. Diebolt; secretary, Miss A. Lanegraff; registrar, Rev. Sr. M. Columkille; treasurer, Miss D. McKay; committee conveners: social, Miss J. Gillis; programme, Mrs. R. Brown; editor, Miss M. Lang; advertising, Miss M. Kelly; sick visiting, Miss K. Flahiff; sick benefit, Miss Clements; representative to *The Canadian Nurse*, Miss Harkness.

VANCOUVER:

Married: Recently, Miss Alice E. McL. Martin (Vancouver General Hospital and University of British Columbia) to Dr. Reid Fordyce.

Married: Recently, Miss Jean L. Stewart (Royal Jubilee Hospital, Victoria) to Capt. Fred H. Bonnell, R.C.A.M.C.

Married: Recently, Miss Evelyn Ketchum (Vancouver General Hospital) to Mr. Bob Elliot) R.C.A.

Married: Recently, Miss Zoe M. Bruce (Vancouver General Hospital) to Mr. Reginald Forsyth.

MANITOBA

BRANDON:

At a recent meeting of the Brandon Graduate Nurses Association held at the General Hospital, about forty members were present. The president, Mrs. D. L. Johnson, presided. A donation to the milk fund of the Citizens Welfare League was made, and Mrs. Pierce announced a tea held at her home for the Association during January. The "downtown nursing group" was in charge of the programme and Miss I. Campbell introduced the speaker, Dr. Carter, who gave a most interesting address on X-ray therapy. Miss M. Trotter moved a vote of thanks to the speaker. A social hour concluded the evening.

WINNIPEG:

Winnipeg General Hospital:

Recent appointments to the nursing staff of the Winnipeg General Hospital include the following: Miss Mabel Lyons, Miss Grace Hunter, Miss Eileen Robinson, Miss H. Wilson, Miss Ruth Littlejohn, Miss Eleanor Henderson, Miss R. Seemer. Miss Mildred Wilkins is on the staff of the School of Nursing in the capacity of Public Health Nurse. Miss Ruth Milner is on the staff of the Margaret Scott Mission. Miss L. Heller has accepted a position as surgical supervisor at the Dauphin General Hospital.

The following nurses have recently been appointed Nursing Sisters in the C.A.M.C. and are attached to General Hospital, Unit Number Five: Miss Annie Taylor, Miss Adele Parker, Miss Irene Lang, Miss Anna Cran, Miss Nancy Hall, Miss Peggy Grandy, Miss Evelyn Gregory, Miss Edna Leishman, Miss Catherine Lunn, Miss Elva Honey.

Miss Helen L. Wilson (1937) and Miss Penelope Bonnar (1938) are enrolled in the School for Graduate Nurses, McGill University. The Misses Frances Scoville (1938), Betty Morrison (1939), Florence Saddler (1938), Ruth Trueman (1938), and Evelyn McCurdy (1939) are enrolled at the Toronto University, School of Nursing. Miss Roberta H. Smith and Miss Anne Carpenter of the class of 1939 leave shortly for graduate study in the University of Chicago. Several recent graduates attended the course in laboratory technique, in the Pathology Department, Manitoba Medical College.

Miss Emily Groenewald has accepted a position on the staff of the General Hospital, Moose Jaw, and Miss Eva Hamilton (1937) is on the staff of the City Hospital, Saskatoon. Miss Muriel Spratt has accepted the position of nurse in San Antonio Gold Mines, Manitoba. Miss Elizabeth Crichton has accepted the position of nurse in Berens River Mines, Ontario.

The members of the Alumnae Association have identified themselves with the Red Cross for the purpose of making bandages and dressings for the duration of the war.

Married: Recently, Miss Alison Jamieson (W.G.H., 1937) to Dr. Frederick Henderson.

Married: Recently, Miss Joan Watson (W.G.H., 1937) to Lieut. Robert Keith.

Married: Recently, Miss Ila Grose (W.G.H., 1939) to Mr. J. Wood.

NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter, N.B.A.R.N., was held recently at the Moncton Hospital with the president, Miss Ethel Hillyard, in the chair. In the absence of Mrs. George Nethercoat, Miss Marjorie Bennett acted as secretary. Plans were made for purchasing and selling tickets on a linen-filled chest. Miss Gladys Fairley was appointed convener. After the routine business a very interesting illustrated lecture was given by Dr. E. W. Ewart on the history of orthopedic surgery. A vote of thanks was extended to Dr. Ewart by Miss Emma Honeywell.

The local chapter regrets the absence for a few months of Miss S. Everett, nurse-in-charge of the Victorian Order of Nurses. Miss Everett is leaving to take further studies at Simmons College, Boston.

Married: Recently, Miss Janet Wallace (University of Edmonton) to Mr. William N. McKinnon.

Married: Recently, Miss Gertrude Comeau to Mr. A. Aiseneau.

SAINT JOHN:

Miss Florence Coleman was elected president of the Saint John Chapter of the New Brunswick Association of Registered

NURSE... you know that the skin of babies is very susceptible to infection and needs to be fortified against bacterial invasion. Well, Mennen Antiseptic Oil markedly *reduces* the surface bacteria and helps protect baby's skin against infection. *But* . . . on the other hand, bacteria may readily multiply in ordinary oils, such as olive, mineral and cottonseed oil—and in most commercial oils, even though they be autoclaved.

These facts have induced the use of Mennen Antiseptic Oil in over 3,500 hospitals, proof that this oil is in a class by itself. So, be sure to impress on mothers the importance of continuing the *daily* anointings with Mennen Antiseptic Oil at home, to keep baby's skin safer from infection. Thorough and regular daily use should continue during at least baby's first year. The Oil is pleasant to use, does not soil linen (washes out easily), leaves no greasy residue. It is not irritant, is self-sterilizing and will not turn rancid.

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Nurses at a well attended annual meeting at the General Hospital. Miss Coleman is the superintendent of nurses at the Saint John Tuberculosis Hospital. She succeeds in the presidency Miss Margaret Murdoch, superintendent of nurses of the Saint John General Hospital.

The various officers and committee conveners presented satisfactory reports and at the close of the meeting there was a social hour.

The slate of officers elected by the chapter for the ensuing year was as follows: President, Miss Florence Coleman; first vice-president, Miss Louise Bartsch; second vice-president, Miss Lois Smith; secretary, Miss Regina Reid; assistant secretary, Miss Helen Cahill; treasurer, Miss M. Fillmore; conveners for sections: public health, Miss Winnifred Dawson; nursing education, Miss Dolly Turnbull; private duty, Miss Frances Munro; sick nurses benefit fund, Miss Belle Howe; programme committee, Miss Henrietta Redmore; registry committee, Miss Susanne Hartley; representative to *The Canadian Nurse*, Miss Lillian Wilson.

ST. STEPHEN:

At the annual meeting of the local chapter, N.B.A.R.N., the following officers were elected: President, Miss Aldana Leland; vice-president, Miss Nellie Spinney; secretary, Miss Myrtle Dunbar; treasurer, Mrs. Cedric Dinsmore; committee conveners: entertainment: Mrs. C. Anderson, Miss C. M. Boyd; refreshments: Mrs. Hermon Lawrence, Miss Margaret McFarlane; nomination, Miss Florence Cunningham; representative to *The Canadian Nurse*, Mrs. C. F. McGarrity.

Miss Jessie Murray, district nurse, is on leave and Miss Gretchen Laughlin is taking her place. Miss Alma Russell has been appointed operating room supervisor of the Chipman Memorial Hospital. She is a graduate of the Saint John General Hospital and took post-graduate study at the Mayo Clinic, Rochester, Minn.

Following the meeting the Alumnae of the Chipman Memorial Hospital entertained at cards. Miss Cunningham, Miss McCulloch, and Miss Russell received prizes. Refreshments were served by Mrs. Hermon Lawrence and Mrs. Roy Bartlett.

NOVA SCOTIA

HALIFAX:

Halifax Infirmary:

The annual meeting of the Infirmary Alumnae Association was well attended. Reports from the various committees showed the past year had been a very active one. Many plans were presented for 1940.

Tuesday of each week was set aside for war work and the nurses will meet at Government House where a room has been given for that purpose.

Rev. Sister Mary David, former superintendent of the hospital, was made an honourary member of the association.

Following the meeting a miscellaneous shower was given for Miss Almira Boudreau whose marriage to Mr. W. Carroll took place recently.

Miss M. K. McDonell (1929) has been appointed to Camp Hill hospital. Miss Claudine Connors (1934) has been appointed to the staff of Camp Hill hospital. Miss K. MacDonald (1937) has been appointed instructress of nurses at the New Waterford General Hospital, Cape Breton.

Married: Recently, Miss Beatrice Foley (H.I., 1933) to Mr. C. J. Campbell.

Victoria General Hospital:

The Alumnae of the Victoria General Hospital is actively engaged in making surgical dressings for the Red Cross. The members meet twice a week at Government House where these supplies are being made.

There were eighty-one members present at the annual dinner given in honour of the graduating class. The prize for efficiency in nursing given by the Alumnae was won by Mr. Elmer Peters. This is the first time the prize has gone to a male nurse.

Miss Helen Watson (V.G.H., 1937) is in charge of the operating room at the Halifax Children's Hospital. Miss Evelyn Potter (V.G.H., 1939) leaves shortly for Toronto to take post-graduate work in surgical nursing. Mr. George Harrison (V.G.H., 1933) has accepted a position in Lancaster Hospital, Saint John, N. B.

Married: Recently, Miss Hazel Harrison (V.G.H., 1930) to Mr. Ralph Fullerton.

Married: Recently, Miss Sarah Green (V.G.H., 1930) to Mr. George Burgess.

Married: Recently, Miss Helen Reid (V.G.H., 1934) to Mr. Harlen Logan.

Married: Recently, Miss Edna Smith (V.G.H., 1933) to Mr. Donald Colpin.

Married: Recently, Miss Irene Freeman (V.G.H., 1935) to Mr. Arlie Colpitts.

Married: Recently, Miss Brenda Lohnes (V.G.H., 1939) to Mr. Charles Burchell.

KENTVILLE:

The January meeting of the Valley Branch, R.N.A.N.S., was held at the Blanchard Fraser Memorial Hospital, Kentville,

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*THE IDEAL ANTACID		AMPHOJEL
Insoluble (in water)	⟷	Insoluble (in water)
Non-irritating to the stomach and intestines.	⟷	Non-irritating to the stomach and intestines.
Neutral in aqueous suspension.	⟷	Neutral in aqueous suspension.
Capable of neutralizing acid.	⟷	Capable of neutralizing acid.
Does not unduly alter acid-base equilibrium.	⟷	Does not unduly alter acid-base equilibrium.
Will not alkalize the urine with attendant danger of precipitating crystalline phosphates in kidney or ureter.	⟷	Will not alkalize the urine with attendant danger of precipitating crystalline phosphates in kidney or ureter.
Not laxative.	⟷	Not laxative.
Not constipating.	⟷	Slightly constipating.[1]
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*H. Beckman: Treatment in General Practice 3rd. Edition: 1938 p. 395.

(1) ANNOUNCING Amphojel with Mineral Oil. For those isolated cases where constipation is associated with the reduction of gastric acidity by Amphojel (Wyeth's Aluminum Hydroxide Gel).

Amphojel Plain and Amphojel with Mineral Oil are supplied in 12 ounce bottles.

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Refresher Courses

May 13 to 18 inclusive

Course A

May 13-16. Hospital Social Work. Lectures and discussion periods dealing with principles, philosophy, psychology and modern trends in hospital social work.

Course B

May 15-18. Administrative Problems in Public Health Nursing Practice. Lectures by outstanding authorities on the various aspects of these problems, with discussion periods.

Registration Fee

For one course, $5.00
For combined courses, $8.00

For further information apply to:

The Secretary
School of Nursing,
University of Toronto.

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POST-GRADUATE COURSE IN PAEDIATRIC NURSING

A six-months course is offered to Graduate Nurses which includes theoretical instruction, organized clinical teaching and experience in the following services:

MEDICAL,
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ORTHOPAEDIC,
INFANT,
OUT-PATIENT.

A special Study of the Normal and Convalescent Child.

A certificate will be granted upon the successful completion of the course. Classes admitted in the Spring and Fall. Full maintenance will be provided. No extra remuneration.

For further particulars apply to:

Director Of Nursing
Children's Memorial Hospital
Montreal.

with a good attendance. After the business session a social hour was enjoyed. Of particular interest was the short reading from "King's Nurse, Beggar's Nurse," and we hope all nurses will avail themselves of an opportunity to read it.

A St. John's Ambulance First Aid Course has been organized with nurses from the Nova Scotia Sanatorium, the Blanchard Fraser Memorial Hospital, and private duty nurses attending. Dr. Dudley Giffin is the lecturer.

Married: Recently, Miss Daisy Marshall (Yarmouth Hospital, 1936) to Mr. Allen Spinney.

Married: Recently, Miss Alta Naugler (Nova Scotia Sanatorium) to Mr. Murray MacPherson.

ONTARIO

District 1

London:

St. Joseph's Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. Joseph's Hospital, London: Honourary president, Mother M. Theadore; honourary vice-president, Sister M. Ruth; president, Miss C. Godin; first vice-president, Mrs. I. Stewart; second vice-president, Miss I. Griffin; corresponding secretary, Miss Pearl Dunn; recording secretary, Miss Phyllis Lombardo; treasurer, Miss Marguerite Stoner; committee conveners: social, Miss Margaret Sullivan, Miss Jane Fuller; finance, Miss Irene Griffin, Miss Barry Bowles; representatives to registry board, Miss Madalene Baker, Miss Kathleen McIntyre; press, Miss Blanche Godin.

Sarnia General Hospital:

The Alumnae Association of the Sarnia General Hospital sponsored a one-day refresher course with a large attendance. The lectures, which were most interesting, included the following: Pneumonia, by Dr. Borrowman; prevention of cancer, by Dr. Anderson; orthopedic surgery, by Dr. C. Carruthers (with demonstration of the Smith and Peterson equipment); treatment of burns, by Dr. Roberts; glaucoma, by Dr. Beihn.

A pot-luck luncheon was served at noon and tea was served following the afternoon and evening sessions.

The annual meeting of District 1, R.N.A.O., was held at the Sarnia General

Hospital and the members were guests of the Alumnae Association.

The Alumnae Association recently sponsored a very successful dance.

Married: Recently, Miss Gwen Brown (S.G.H., 1939) to Dr. Gordon Scarrow.

Married: Recently, Miss Florence Campbell (S.G.H., 1934) to Mr. Bert Bazely.

Married: Recently, Miss Martha Dale (S.G.H., 1936) to Mr. Paul Steward.

Married: Recently, Miss Margaret Henderson (S.G.H., 1938) to Mr. George Metcalfe.

WINDSOR:

Grace Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of Grace Hospital: Honourary president, Major Alice M. Brett; president, Adjutant Gladys Barker; vice-president, Miss Eleanor Allison; secretary, Miss Lena Ellis; treasurer, Miss Erie Campbell; sick visiting committee: Miss Hazel Winchester, Adjutant Euphemia Lynch, Miss Florence Gourley, Mrs. David Knight; Echoes editor, Adjutant Gladys Barker; press, Miss Dorothy Stevens; telephone committee, Mrs. W. Rodger, Miss Edith Williams, Miss Leila Hugill, Mrs. David Knight; programme committee, Mrs. Arthur Wirch, Miss Marvel Dawson, Miss Edith Williams, Mrs. Rupert Cook, Miss Marion Ong, Miss Eillein Campbell, Miss Jean McLean.

DISTRICTS 2 AND 3

KITCHENER:

Kitchener and Waterloo General Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Kitchener and Waterloo General Hospital: Honourary president, Miss K. W. Scott; president, Miss Thelma Sitler; first vice-president, Miss J. B. Collins; second vice-president, Miss Rita Bagshaw; secretary, Miss Velma Eveleigh; assistant secretary, Miss Marjorie Gateman; treasurer, Miss Eleanor Gilmour; assistant treasurer, Miss Doris Allcock; committee conveners: programme, Miss Hazel Murdock; flower, Miss Alma Farmer, Miss Mona McManus; lunch, Mrs. Schmitt; representative to *The Canadian Nurse*, Miss Anne Leslie.

The Alumnae Association recently held a delightful reception at which the nurses enrolled on the registry, and the graduating class of 1940 were guests.

McGILL UNIVERSITY

School for Graduate Nurses

The following one-year certificate courses are offered to graduate nurses:

TEACHING AND SUPERVISION IN SCHOOLS OF NURSING

PUBLIC HEALTH NURSING

ADMINISTRATION IN HOSPITALS AND SCHOOLS OF NURSING

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For information apply to:

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POSTGRADUATE COURSES

are offered in

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(b) Gynaecological Nursing: 2 months

Students may enroll for either course singly, or for both courses to be taken consecutively.

Each student will be granted a certificate upon the successful completion of a course.

Full maintenance and an allowance are provided.

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Miss C. V. Barrett, R.N.
Supervisor,

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ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Spring examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on April 22nd, 23rd, and 24th, 1940.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by March 31st, 1940.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about June 4th, 1940.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar,
Suite 1019, Medical Arts Bldg.,
1538 Sherbrooke St. West, Montreal.

Hamilton General Hospital
School of Nursing

Calling all Graduates!

The Golden Jubilee

will be celebrated in June, 1940. The Committee on arrangements is proceeding with plans for the occasion.

Every graduate of the School is asked to send her present address (and those of any classmates known to her) to:

Miss Martha Watt
Hamilton General Hospital,
Hamilton, Ontario.

Married: Recently, Miss Catherine Mulholland (K.W.H., 1931) to Mr. Moses Jantzi.

Married: Recently, Miss Myrtle Pfrimmer (K.W.H., 1938) to Mr. Roy Simpson.

Married: Recently, Miss Audrey Cunningham (K.W.H., 1936) to Mr. Harry Carse.

Married: Recently, Miss Laura Watson (K.W.H., 1930) to Mr. Kearens.

Married: Recently, Miss Jean Sinclair (K.W.H., 1930) to Mr. Cameron Knowles.

Married: Recently, Miss Ada Lambert (K.W.H., 1936) to Mr. Herbert Hallman.

Married: Recently, Miss Dora Muir (K.W.H., 1932) to Mr. J. McLelland.

Married: Recently, Miss Sadie Scheel (K.W.H., 1929) to Mr. Arthur Weitzel.

District 4

The annual meeting of District 4, R.N.A.O., was held on January 20 at the Hamilton General Hospital. Miss I. MacIntosh, the retiring president, occupied the chair and reports were read from the various committees. Most interesting was the report from the secretary-treasurer showing that the indebtedness to the Permanent Education Fund had been cleared off.

The officers elected for the coming year were as follows: President, Miss Annie Boyd; vice-president, Miss May Buchanan, Niagara Falls; second vice-president, Miss Ella Buckbee, Hamilton; secretary-treasurer, Miss Gladys Coulthart, Hamilton. The councillors are Sister M. Monica, St. Joseph's School of Nursing, Hamilton; Miss Isobel MacIntosh, Hamilton; Miss Dorothy Scott, Niagara Falls. The conveners of committees are as follows: Private Duty, Miss Stella Murray, St. Catharines; Public Health, Miss Ann M. Oram, Welland; Nursing Education, Miss Helen Brown, St. Catharines. Miss Cornelia Sheridan was the chairman of the nominations committee.

Miss Nettie D. Fidler, supervisor of the Hospital Courses, School of Nursing University of Toronto, was the guest speaker. Her account of experiences in post-graduate work abroad was replete with interest. At the conclusion of the meeting, Miss C. Brewster was a gracious hostess at a delightful tea.

Hamilton:

Hamilton General Hospital:

The Alumnae Association of the School of Nursing of the Hamilton General Hospital wishes to announce a special celebration of the Fiftieth Anniversary of the Training School, to be held during the first

week in June, 1940. The home members of the Association are making elaborate preparations for this event, and are anxious to contact all out-of-town members. Please send your name and any change of address to the convener, Miss Martha Watt, Hamilton General Hospital.

District 5

Toronto:

Toronto Western Hospital:

The combined private duty sections of the Toronto General Hospital and the Toronto Western Hospital have prepared for a series of refresher course lectures to be given by prominent members of each staff. The subjects proposed for discussion are: heparin, and advances in general surgery, diabetes, new drugs and general medicine, and neurological surgery.

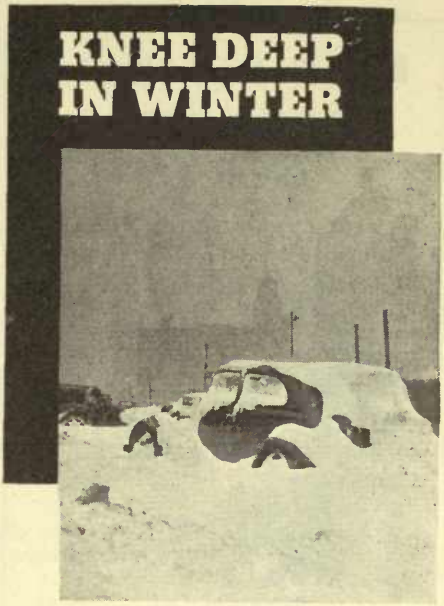
In the Solarium of the Toronto Western Hospital, the Alumnae Association recently gave a reception in honour of the graduates who have enlisted with the 15th General Hospital Unit, R.C.A.M.C. Miss Agnes Neill, matron, received with Miss Beatrice Ellis, principal of the School of Nursing, and Miss Grace Paterson, president of the Alumnae Association. A presentation of a sewing kit was made to each of the following who are members of the unit: Miss Frances Matthews, Miss Ruth McLean, Miss Edna Benns, Miss Jean McCormack, Miss Bernice Seeds, Miss Jean Clifton, and Miss Elizabeth Tyner.

Married: Recently, Miss Grace Cecelia Brunton (T.W.H., 1934) to Mr. James Clandinan.

Married: Recently, Miss Lylian Maude McConnell (T.W.H., 1937) to Mr. Harold Merwin Marshall.

School of Nursing, University of Toronto:

The School is offering two refresher courses, one on hospital social work, the other on administrative problems in public health nursing practice. From May 13 to 16, the content will include: Lectures on the practice of hospital social work; the principles and philosophy of social case work; the psychology of social case work; recent advances in the field of medical research; trends in hospital administration; and trends in hospital social work. From May 15 to 18, the content will include administrative problems in public health nursing practice. Round Tables will afford opportunity for general discussion. Each of the subjects will be dealt with by those who speak with au-



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Brockville General Hospital
School of Nursing

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all graduates of the Brockville General Hospital for a reunion in June, 1940, on the occasion of the fiftieth anniversary of the founding of the Training School.

Graduates are asked to send their addresses (and those of any classmates known to them) to:

HELEN M. CORBETT
Secretary, Alumnae Association,
127 Pearl Street, East,
Brockville, Ont.

REGISTERED
NURSES' ASSOCIATION
OF BRITISH COLUMBIA
(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held April 16th, 17th, and 18th, 1940.

Names of Candidates for this examination must be in the office of the Registrar not later than March 16th, 1940.

Full particulars may be obtained from:

HELEN RANDAL, R.N., REGISTRAR
520 Vancouver Block Vancouver, B.C.

EXAMINATIONS FOR
REGISTRATION OF NURSES
IN NOVA SCOTIA

To take place on May 15, 16 and 17, 1940, at Halifax, Yarmouth, Amherst, Sydney, and Antigonish. Requests for application forms should be made at once, and forms MUST BE returned to the Registrar by April 15, 1940, together with: (1) Birth Certificate; (2) Provincial Grade XI Certificate; (3) Diploma of School of Nursing; (4) Fee of Ten Dollars.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six weeks of completion of the course of nursing.

MURIEL J. GRAHAM, R.N., Registrar,
The Registered Nurses Association of Nova Scotia,
413 Dennis Building, Halifax, N. S.

thority and this week of teaching should hold unusual interest. The cost will be $5.00 for one course, and $8.00 for the entire week.

A local Chapter of the Alumnae Association of the School of Nursing of the University of Toronto has recently been formed in Montreal. Its aim is to keep its members informed concerning the activities of the School and to assist in the work of the Alumnae on its behalf. The chairman of the Montreal Chapter is Mrs. John Henderson, 5392 Baurret Avenue, Montreal, Quebec. Telephone, Atlantic 8143. The Chapter would like to meet all graduates of the School who reside in Montreal and to welcome newcomers.

Wellesley Hospital:

The Wellesley Hospital is represented by Miss Constance Tavener, Miss Lynne Hamlyn, and Miss Harriette Pangman in the 15th General Hospital Unit for the Military Base Hospital. These three nurses were presented with silver identification bracelets by the Wellesley Hospital Alumnae Association.

The following officers have been elected to serve during the coming year by the Alumnae Association of the Wellesley Hospital: President, Miss Grace Bolton; first vice-president, Miss Mary Stanton; second vice-president, Miss Jean Harris; corresponding secretary, Miss Adelaide Solomon; assistant corresponding secretary, Miss Dorothy Boyd; recording secretary, Miss Mabel Boag; assistant recording secretary, Miss Agnes McLean; treasurer, Miss Grace Shier; treasurer for sick benefit fund, Miss Helen Singer; auditors, Miss Mina Ferguson, Miss Jean Brown; custodian, Miss Dorothy Powers; general committee: Miss Edith Cowan, Miss Francis Smith, Miss Aileen Steele, Miss Hermione Wark, Mrs. McMichael, Mrs. J. C. Malcolmson.

DISTRICT 6

Chapter A, District 6, R.N.A.O., recently held a meeting in the Mary Ritchie Hall, Belleville, with Miss L. Bertram presiding. After the business meeting, Miss E. Meeks, representative of *The Canadian Nurse*, took charge of the programme.

Several interesting topics were taken from the *Journal* followed by an advertisement contest which was much enjoyed. Miss R. Fitzgerald won the prize. A social hour followed.

BELLEVILLE:

Belleville General Hospital:

The nurses of the Belleville General Hos-

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• Experience has shown that 'Dettol' Antiseptic possesses marked superiority over iodine, carbolic and cresylic antiseptics, especially in the conduct of labour. 'Dettol' has a phenol coefficient of 3.0 (Hygienic Laboratory Test) yet can be used at really effective strengths without discomfort, danger or staining.

'Dettol' maintains high bactericidal efficiency in the presence of blood, pus or other organic matter. When 30% 'Dettol' is allowed to dry on the skin it remains insusceptible to infection by hæmolytic streptococci for at least two hours unless grossly contaminated.

'Dettol' is a clear, clean, non-poisonous fluid, and pleasant to smell. It has been well mentioned in Medical Literature.

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pital Alumnae Association held their annual meeting recently in the Mary Ritchie Residence. Miss M. Fitzgerald, president, presided. Reports were given by the different committees. Election of officers resulted as follows: Miss Marguerite Fitzgerald was re-elected president; first vice-president, Miss D. Williams; second vice-president, Miss M. Peacock; treasurer, Miss K. Brickman; secretary, Miss L. Smith; registrar, Miss K. Brickman; flower convener, Miss E. Wright; social convener, Miss F. Fitzgerald; nomination committee: Miss E. Sullivan, Miss B. Soutar, Miss G. Donnelly; representative to *The Canadian Nurse* and press, Miss H. Collier.

District 7

KINGSTON:

The annual meeting of District 7, R.N.A.O., was held recently at the General Hospital, Kingston, with a large attendance. The following officers and executive were elected to serve the following year: Chairman, Miss A. Baillie, Kingston General Hospital; first vice-chairman, Miss E. Ardill, Ontario Hospital, Brockville; second vice-chairman, Miss M. Crawford, Ontario Hospital, Kingston; secretary-treasurer, Miss E. Sharp, Kingston General Hospital; councillors: Miss E. Freeman, Kingston; Miss Vera Manders, Perth; Miss Amy Church, Smiths Falls; Miss E. Moffatt, Brockville; Rev. Sister Donovan, Kingston. Nurse education: convener, Miss Louise Acton, Kingston General Hospital; private duty section: convener, Miss Jean Biggar, Kingston; public health section: convener, Miss Doris Storms, Kingston; membership committee: convener, Miss Emma Sharp, Kingston General Hospital; finance: convener, Mrs. F. W. Atack, Kingston; publications: convener, Miss Helen Babcook, Kingston General Hospital; emergency service in war and disaster: convener, Miss Margaret Blair, Kingston General Hospital; *The Canadian Nurse*: convener, Miss O. M. Wilson, Kingston General Hospital; programme committee: convener, Miss E. Moffatt, Brockville General Hospital.

At the close of the business meeting, Dr. Wallace, principal, Queen's University, gave a most interesting talk on the education of the nurse. Tea was served by the graduate staff of the Kingston General Hospital.

The Kingston Chapter, District 7, R.N.A.O., recently held a meeting at the Ontario Hospital with a large attendance. Miss Marion Crawford, superintendent of nurses at the Ontario Hospital, introduced

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HELEN CARRUTHERS, Reg. N.

the speaker of the evening, Dr. Clark, superintendent of the Ontario Hospital, who gave a most interesting and enlightening address on the new fever therapy.

Hotel Dieu Hospital:

At a recent meeting of the Alumnae Association of St. Joseph's School of Nursing, Mrs. L. T. Boyd concluded a series of three lectures on parliamentary procedure. These talks proved to be very interesting and the members feel they received much helpful information. Following the meeting a social hour was spent.

The Alumnae Association held a dance recently in aid of the Red Cross and also a Bingo in aid of the Knights of Columbus Army Huts. The graduates are also endeavouring to assist with war work by making supplies for the Red Cross and a room has been reserved at the Hospital for this purpose.

Married: Recently, Miss Ann Mooney (H.D.H., 1936) to Mr. John Murray.

Married: Recently, Miss Audrey Black (H.D.H., 1938) to Mr. Albert W. Thompson.

Married: Recently, Miss Florence LaRocque (H.D.H., 1936) to Mr. G. P. Hourigan.

Married: Recently, Miss Margaret LaFrange (H.D.H., 1937) to Mr. Thomas Burns.

Married: Recently, Miss Helen Coffey (H.D.H., 1933) to Mr. Patrick McAdam.

Married: Recently, Miss Constance E. Cobley (H.D.H., 1938) to Mr. Herman A. Chambers.

Married: Recently, Miss Margaret Lee (H.D.H., 1939) to Mr. Bernard Keef.

District 8

Ottawa:

The annual meeting of District 8, R.N.A.O., was held on January 26. Miss Molly Black, chairman; Miss Mabel Stewart, vice-chairman; and Miss Ethel Webb, secretary, were returned to office. Miss Daisy Lodge was elected treasurer and the following as councillors: Miss K. McIlraith, Miss Jean Church, Rev. Sister Evangeline, Miss V. Belier, Miss G. Ferguson, and Miss M. Lowry; Cornwall Chapter, Mrs. Villeneuve; Pembroke Chapter, Rev. Sister Mary Evangeline.

In the afternoon Miss Helen King spoke on the newer drugs, and Miss M. B. Morin gave a demonstration of the care of communicable disease in the home. In the evening, Dr. S. F. Service spoke on "Recent Advances in the treatment of diabetes," followed by an address by Miss A. Shafen on "Teaching the Diabetic his Diet."

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The Public Health Section of District 8, R.N.A.O., recently held their annual meeting with Miss Frances Lyons presiding. Dr. Ernest Couture, chief of the Child and Maternal Hygiene Department, gave an interesting talk on his work. Officers were elected for the year 1940 as follows: Chairman, Miss Frances Lyons; vice-chairman, Miss Christine Ferguson; secretary-treasurer, Miss Blanche Morin; programme, Miss Edith Stevenson.

District 9

Gravenhurst:

A regular meeting of the Gravenhurst Chapter, District 9, R.N.A.O., was held recently in the Medical Library of Muskoka Hospital, Miss A. McKnight acting as chairman in the absence of Miss K. Jamieson. Dr. C. B. Ross addressed the meeting on the prevention and treatment of the common cold. Miss Ashley was appointed convener for *The Canadian Nurse.*

Sudbury:

The Sudbury Chapter, District 9, R.N.A.O., has elected the following officers to serve during the coming year: Chairman, Miss Anne Gosson; secretary-treasurer, Miss Mabel Cliff; publicity convener, Miss Irene Hourigan; programme convener, Mrs. Mary Matheson; private duty convener, Miss Ina Ritari.

The Sudbury Chapter recently held a meeting at St. Joseph's Hospital with the chairman, Miss A. Gosson, presiding. Many members attended. At the previous meeting of the Chapter, a committee had been appointed to contact the president of the Red Cross in Sudbury offering the services of the members. The offer was gladly accepted, and gauze and absorbent have been received to be made into surgical dressings.

District 10

Port Arthur:

The regular meeting of District 10, R.N.A.O., took place on February 1, at the General Hospital, Port Arthur. The programme included a paper on nursing by Miss Isobel Morrison, and a book review by Miss Alice Hunter.

Four nurses from the Lakehead are now in Winnipeg as members of the 5th General Hospital Unit. They are Misses Dorothy Howland, Helen Adams, Anna Norsten, and Connie Brown. They are all graduates of local hospitals.

PRINCE EDWARD ISLAND

Charlottetown:

The quarterly meeting of the Registered Nurses Association of Prince Edward Island was held in the Charlottetown Hospital on February 6, with the president, Miss Ina Gillan, in the chair. Routine business was transacted and some discussion took place concerning the subsidiary worker in this province. The president announced that the quota for National Enrolment had been exceeded but so far none of the nurses had been called for active service. Miss Gillis, of the Carnegie Library staff, gave an interesting talk on "Books" and delighted the audience with moving pictures of Jasper

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Park. A social hour was held at the close of the meeting.

Miss Bessie MacKenzie, operating room supervisor at the Prince Edward Island Hospital, is taking a post-graduate course in operating room technique at the Montreal General Hospital.

Miss Ruth Rogerson and Miss Georgina Thompson (graduates of the Prince Edward Island Hospital) and Miss Clark (of the Prince County Hospital) have recently been appointed to the staff of the Camp Hill Military Hospital in Halifax.

Married: Recently, Miss Annie Bell (P.E.I.H., 1937) to Mr. Walter Cox.

Married: Recently, Miss Vivian MacDonald (P.E.I.H., 1939) to Mr. Percy Boyle.

CHARLOTTETOWN:

The Graduate Nurses of the Prince Edward Island Hospital formed an Alumnae Association during the fall of 1939. The following are the officers for 1940: President, Miss Anna Bennett; vice-president, Mrs. N. D. MacLean; secretary, Miss Mildred Thompson; treasurer, Miss Mary Lowther; press, Mrs. Ivan A. Horne; finance, Miss Anna Mair; sick visiting committee, Miss Ora Profitt.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Barbara Baird (1939) has taken a position on the staff of the Woman's General Hospital, Montreal. Miss Edith Little (1939) has been appointed to the operating room staff of the Western Division, Montreal General Hospital. Miss Helen Hebert, Miss Jessie Schayltz (1939) have taken positions in the hospital at Arvida, P. Q. Miss J. K. McRae, Miss Helen Froats, and Miss Kathleen Brotherston (1939) have been appointed to the staff of the Alexandra Hospital. Miss L. Bassett (1933) has been appointed to the post of technician in McGill University to assist Dr. Sellier in special research work.

Miss Lillian Williams-Guy (1939) is taking a post-graduate course at the Alexandra Hospital, and Miss Marjory Corbett (1939) a post-graduate course in operating room work at the Central Division, M.G.H.

Miss Holt and her staff were hostesses recently at a kitchen shower in honour of Miss Esther Lewis. The gifts were attractive and useful and the rhymes which accompanied them showed considerable poetical talent all expressing good wishes for future

happiness to the guest of honour. Miss Lewis has been supervisor of health services in the teaching department.

Married: Recently, Miss Mary Courtenay (M.G.H., 1938) to Flight Lieut. Gordon G. W. Lewis.

Married: Recently, Miss Myra Backman (M.G.H., 1926) to Mr. John F. Masterston.

Royal Victoria Hospital:

An R.V.H. group of the Red Cross, including the wives of the attending staff and graduate nurses, has been organized under the convenership of Mrs. F. E. McKenty. Meetings are held at the Hospital three days a week to make surgical supplies. A similar group of twenty-three R.V.H. graduates, residing in Halifax, have enlisted their services at that port in case of emergency, under the convenership of Mrs. Murray Sinclair (Gretta Parlee, class of 1920).

At the February meeting of the Alumnae Association, Miss Margaret Wherry gave an interesting address on "The Position of Women in this Mad Hatter's World of 1940".

Miss Electa MacLennan (1932), recently a member of the staff of the Victorian Order of Nurses in Montreal, is relieving Miss Winnifred Dawson as Provincial supervisor of the Victorian Order of Nurses in Nova Scotia.

Miss Margaret A. Ross (1924) has been added to the staff and is in charge of the third floor, Ross Pavilion. Miss Helen Murphy (1938) is now in charge of the cystoscopy department, replacing Miss Lois MacAllister, who resigned to be married. Miss Jean Axford (1938) is now with the V.O.N. in Kingston.

It is suggested that any graduate of the Royal Victoria Hospital Training School for Nurses who may be interested in taking a post-graduate course in nursing read the announcement regarding the scholarship offered by the Alumnae Association which appears elsewhere in this issue of the *Journal*.

Married: Recently, Miss Lois MacAllister (R.V.H., 1938) to Dr. Thomas H. Guthrie.

St. Mary's Hospital:

Married: Recently, Miss Marguerite Lapointe (St. Mary's Hospital, 1933) to Dr. Maurice Powers.

Married: Recently, Miss Pauline Lariviere (St. Mary's Hospital, 1929) to Mr. K. Burr Thomas.

THE MABEL F. HERSEY SCHOLARSHIP

The Alumnae Association Royal Victoria Hospital, Inc., Montreal, announces that applications for the MABEL F. HERSEY SCHOLARSHIP will be received again this year. This scholarship is open to any graduate of the Royal Victoria Hospital Training School for Nurses, and is for post-graduate work only. The work may be in any University School for Graduate Nurses, or in any approved Hospital in Canada or the United States. The Scholarship has a maximum value of two hundred and fifty dollars ($250.00). Application forms may be obtained from the convener, Committee of Selection, Mrs. R. A. Taylor, 98 Dufferin Road, Montreal. All applications should be returned to the convener *not later than April* 25, 1940.

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SUN LIFE OF CANADA

Married: Recently, Miss Ann McLean (St. Mary's Hospital, 1938) to Mr. William Gallagher.

Married: Recently, Miss Ray Preston (St. Mary's Hospital, 1937) to Mr. Hector Esdaile.

Married: Recently, Miss Mary Jane Morris (St. Mary's Hospital, 1936) to Mr. Bruce Irvin.

Married: Recently, Miss Margaret Lariviere (St. Mary's Hospital, 1939) to Mr. Leo O'Connell.

QUEBEC:

Jeffery Hale's Hospital:

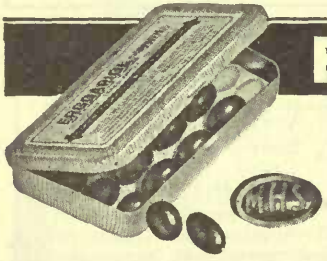
The following officers have recently been elected to serve during the coming year by the Alumnae Association of Jeffery Hale's Hospital: President, Mrs. A. W. G. Macalister; first vice-president, Miss R. Christie; second vice-president, Miss E. Jack; secretary, Miss M. G. Fischer; treasurer, Mrs. W. D. Fleming; private duty section, Miss E. Walsh, Miss B. Adams; visiting; Mrs. Buttimore, Mrs. Raphael, Mrs. Grey, Miss Douglas; refreshment committee; Miss Chase, Miss Burgess, Miss Andrews, Miss Davis; programme: Miss Ascah, Miss E. Jack, Miss Eager, Miss Christie; councillors: Miss MacKay, Miss Savard, Miss Ingraham, Miss Matthews, Mrs. Young; representative to *The Canadian Nurse*, Miss G. Weary.

Married: Recently, Miss I. Gourley (J. H. H., 1934) to Mr. Williams.

SASKATCHEWAN

PRINCE ALBERT:

Miss Marian Roebuck of the Red Cross Society, has been transferred from Pad-



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dockwood Outpost to the New Outpost at Hudson Bay Junction. We wish her every success. Miss Edith Hosier, of Prince Albert, is now taking charge of the Paddockwood Outpost. "Good luck, Miss Hosier."

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Married: Recently, Miss Lillian Walker (Victoria Hospital, 1933) to Mr. Gordon Young.

SASKATOON:

Saskatoon City Hospital:

Married: Recently, Miss Laurena Frances Humphrey (S.C.H., 1937) to Mr. Norman Hodder.

Married: Recently, Miss Agnes Scott (S.C.H., 1935) to Lieut. Mervin Woods, R.C.N.V.R.

OVERSEAS NURSING SISTERS ASSOCIATION

Montreal Unit:

The annual meeting of the Montreal Unit of the Overseas Nursing Sisters Association of Canada was held recently with the president, Mrs. Toller, presiding. A report was given of the year's activities including a tea at St. Anne's Military Hospital, the honour of lining part of the route of the Royal Procession when Their Majesties visited Montreal. A successful bridge was held in November to raise a fund for war work. The following officers were elected for 1940: President, Mrs. H. M. Mawhinney; vice-president, Miss C. N. Watling; secretary, Mrs. H. L. Currie; treasurer, Miss C. Harrison; executive committee, Miss F. Monroe; sick visiting committee: Miss N. Enright, Miss G. Holland, Miss A. B. MacDonald, Mrs. C. E. Bisaillon.

Windsor Unit:

The annual meeting of the Windsor Unit of the Overseas Nursing Sisters Association, was held recently at the home of Mrs. E. C. H. Windeler (Jennie Johnson), thirteen members being present. The election of officers resulted as follows: President, Miss Ann Hicks; vice-president, Mrs. W. J. Elliott (Marion Gould); secretary-treasurer, Miss Ida Bull. Fifty dollars has been sent to the Red Cross, along with sewing which has also been done.

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When the office telephone rings . . . we try to respond . . . in what we fondly hope . . . is a voice with a smile . . . but in our secret heart . . . we are definitely allergic to telephones and other manifestations of the machine age . . . In the good old days we got along pretty well . . . by just jiggling a hook and enlisting the help of a kindly operator . . . but since the dials came . . . things have gone from bad to worse . . . We hardly ever put our trembling finger into the right holes . . . and so we get the wrong number . . . and are politely corrected . . . Then by some strange compulsion . . . we pick out the same holes again . . . and this time the correction is more emphatic and less polite . . . Laboriously we dial once more . . . only to be affronted by the angry buzz . . . which shows the line is busy . . . When at last we do "get our party" . . . our troubles are not over . . . We have to be told to speak up . . . or else not to shout so loud . . . and when we say we can't hear . . . we are told to stop talking and listen . . . Even at home our telephone upsets us . . . by ringing just as the potatoes begin to boil over . . . and the man with the laundry has his finger on the doorbell . . . When it comes to long distance calls . . . a mental picture of mounting toll charges . . . makes us lose our head completely . . . "Go ahead, please," urges the operator gently . . . whereupon we gabble incoherently . . . and drown out the distant murmur at the other end of the wire . . . "Just a moment, madam," says the operator patiently . . . and we relapse into a stony silence . . . until an exasperated voice asks whether we are still there . . . by this time we don't know whether we are or not . . . and have forgotten what we wanted to talk about . . . There is another tendency of this malign mechanism . . . against which we have no defence . . . From sad experience . . . we know that it stimulates what the psychologists call "a release of hostility" . . . An amiable conversation begins between two friendly people . . . and almost imperceptibly the voices first harden . . . and then take on a cutting edge . . . Presently there comes an ominous pause . . . broken only by the deep breathing of the participants . . . then there is the click of the receiver . . . and the connection is broken . . . If these people had been face to face . . . there would have been the twinkle of an eye . . . and then they would have laughed and made friends again . . . But there is a curious finality about a telephone quarrel . . . We never did like telephones . . . and we never will . . . E.J.

Official Directory

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Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

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Honourary Secretary ..... Miss Kathleen I. Sanderson, 1105 Park Drive, Vancouver, B.C.
Honourary Treasurer ..... Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

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Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association:* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

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New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Camillus of Lellis, Halifax Infirmary, Halifax; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Marie Leblanc, St. Martha's Hospital, Antigonish.

Ontario: (1) Miss C. E. Brewster, General Hospital, Hamilton; (2) Miss N. M. Dulmage, Toronto General Hospital, Toronto; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto.

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Registered Nurses Association of British Columbia

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Nursing Comes to the Last Frontier

RAE CHITTICK

Where the swirling waters of the South Saskatchewan bend and curve, a painted medicine man once swayed and danced to heal his Blackfoot chief. Whether it was because of the wildness of his supplications or the violence of the wind that blew down the valley no one knows, but the swift current of the mighty river claimed his head-dress of beautiful feathers. It was an evil omen and the medicine man, losing faith in himself, fled into the Cypress Hills to be seen no more. Many years later there arose, at the site of this accident, a town named to commemorate this tragedy, and here was founded the first hospital for the care of the sick in the North-west. Perhaps the gods remembered their unkindness and were now making restitution.

The Medicine Hat Hospital opened its doors to the sick on January 9, 1890. A grand opening had been planned but the formalities had to be postponed on account of a severe epidemic of influenza. However, the formal opening when it came, was indeed a gracious and historic event. The dedication services were conducted by the Rev. Mr. Herald, who paid a tribute to the energy and enthusiasm of the citizens who were responsible for bringing to a successful consummation the work of "this vast enterprise". Although the vast enterprise was staffed with but one nurse and her assistant without domestic help, it represented careful planning and persistent effort of a group of people with courage, high ideals and an altruistic spirit.

The two-storied building was constructed of cut stone and during the course of the building the plans were altered to provide for a mansard roof

which gave rooms on the third storey for the nurses and for an isolation ward.

The Calgary Herald of January 21, 1890, carried a detailed account of the Hospital and its furnishings from which the following paragraph is taken:

> The surgery has a concrete and cement floor with a sewage pipe in the centre and a ceiling ten feet in height. The three floors are plumbed throughout and heated by steam and open grates.

The hospital cost twenty thousand dollars and this sum, with the exception of a grant of five thousand dollars from the Dominion Government and a small grant from the Canadian Pacific Railway and Northwest Legislative Assembly, was raised by private effort and individual subscription. Considering that Medicine Hat at this time was little more than a railroad camp with a few scattered ranches beyond, this was a noble effort. Among the interesting donations was the gift of two handsome rattan rocking chairs from the Countess of Selkirk and her travelling companion, the Countess of Shrewsbury.

Miss Birtles is seated to the right

The first superintendent of the new hospital was Miss Grace Louise Reynolds who was a graduate of Leeds, in England; her first Matron had been Miss Gordon, who had trained under Florence Nightingale. Miss Reynolds' assistant was Miss E. Birtles, a graduate of the Winnipeg General Hospital. The division of work was unique and is stated best in Miss Birtles' own words:

> Miss Reynolds and I managed the work between us. She prepared the meals and looked after the downstairs work; I attended to the furnace and did the upstairs work, sweeping, dusting, etc., besides attending to the patients. When any surgical work was to be done, we had to arrange the work accordingly. Miss Reynolds gave the anaesthetic and I looked after the instruments and waited on the doctors. There was no sterilizer, so we had to resort to boiling the instruments in a large saucepan with a steamer on it for towels and dressings.

The training school for nurses was begun in 1894, and the first class consisted of two nurses who completed their work in January, 1896. Some of the rules governing the young lady in training are worthy of mention:

> She must spend at least fifteen minutes in the open air every day, either within or off the hospital grounds, unless excused by the lady superintendent; she must attend church once every Sunday; and she may not receive gentlemen friends in the parlour except by special permission of the lady superintendent.

Although no educational qualifications for applicants were stated in the requirements, they did provide for an entrance examination in reading, penmanship,

arithmetic and English dictation. With these simple educational qualifications in mind, it is interesting to read the examination paper in surgery given the first class in 1895. Here is a sample question which might confound much more erudite candidates:

> Suppose a patient to be brought into the hospital with severe lacerations of the arm involving all structures — integument, muscles, tendons, bones and blood vessels — in which there is severe haemorrhage, both venous and arterial. State what treatment and dressing you would apply until the arrival of a physician and what palliative treatment you would adopt in the meantime.

It is gratifying to note that the two candidates obtained ninety per cent of the total number of marks.

In this early School, the training was not confined to the hospital. Student nurses might be sent to care for any urgent case within the great area served by the hospital. Nurses were sent as far east as Regina, west to Lethbridge, and to many intervening points such as Swift Current and Maple Creek. The charge to the patient made by the Hospital for the service of the nurses was one dollar per day. The Medicine Hat General Hospital has not forgotten its brave beginning, and today offers excellent care to the sick and a superior training to student nurses. The school has graduated 268 nurses, and the present superintendent is Miss Agnes E. Pederson, a graduate of the School.

January 30, 1941, will mark the fiftieth anniversary of the coming of the Gray Nuns to Calgary. At two o'clock in the morning, four nuns of the Order of the Sisters of Charity stepped off the train, accompanied by Father Leduc who had met them in Winnipeg. Not a cab could be found, and into the dark and bitterly cold night they walked

MEDICINE HAT GENERAL HOSPITAL, IN 1894.

The photograph, taken by R. H. Trueman, shows only the entrance. Standing on the steps are Dr. J. B. Peters, Miss Jean Miller, Miss A. C. Miller (Matron), and an unidentified nurse. Identification by Mrs. J. R. Millican, a student nurse of that time.

on their way to the Sacred Heart Convent. The Calgary of that day had no street lights and, indeed, no streets at all between the Canadian Pacific Railroad tracks and 19th Avenue where the Convent was situated. That walk, the darkness, the cold, and the weight of their baggage made their coming memorable in the annals of the Order.

On this same day, the four Sisters took possession of their new hospital, an unfinished building twenty-four feet square, two storeys in height and heated by one small stove. The Superior of the

Holy Cross Hospital in these difficult days was Rev. Sister Carroll, well known and beloved by early settlers in the Calgary district. On April 10, 1891, the first patient was admitted to the hospital; he was suffering from a severe nose-bleed but history does not say whether the epistaxis was idiopathic or the result of a violent collision — probably in the Royal Bar.

As spring warmed into summer, Sister Carroll set out to collect funds in the construction camps along the Canadian Pacific lines. Between April 10 and the end of the year, 64 patients had been admitted; the little hospital was already too small and a permanent hospital was planned in the early months of 1892. Rev. Sister Hamel came to Calgary in 1892 and selected the site of the present Holy Cross Hospital; the land was donated by the Oblate Fathers, who also gave 25,000 bricks. A contract was signed for the construction of a building to cost the staggering sum of $6,000. In addition, there was to be a heating plant to cost $2,500. To meet this expenditure the women of St. Mary's parish held a bazaar and also sent one of their members with Sister Carroll to collect funds in the neighbourhood of Macleod and Pincher Creek. The new building was opened on November 20, 1892, and has not closed its doors since. In 1929, a new wing was added so that the hospital now has room for 325 beds. The School of Nursing was begun in 1907 and the first graduates, five in number, received their diplomas on February 8, 1910. Each year has seen its quota of well-trained nurses go forth from the institution and there are now about 144 nurses in training.

The first nurse to graduate in Calgary was Miss Marion Moodie, who formed a class of one to receive her diploma in 1898 from the Calgary General Hospital. Miss Moodie entered as a probationer in the original hospital — a small house with accommodation for eight patients. Since there was a serious demand for nurses, due to the prevalence of typhoid fever which stalked along the railroad camps, the Protestant Hospital Board deemed it urgent to begin a training school. Miss Moodie writes thus of her first days on probation:

> The building had seen the earlier and rougher days of the town and when taken over as a hospital had bullet holes through some of the doors. On the ground floor there was one ward holding four beds; an office; a dining-room, which was converted into an operating room when necessary, and a kitchen. Upstairs there were four small rooms each holding one bed and, over the kitchen, two small rooms for the staff and the cook. As the first pupil nurse, I entered on St. George's Day, April 23, and was sent to get what sleep I could in a vacant bed upstairs. I was to commence my probation by taking charge while the matron and the head nurse got a chance to rest. An hour later I was roused to make room for a new patient, and until the stone building now used as an isolation hospital was ready three weeks later, I occupied the cook's room by day while the cook had it at night.

For a probationer, Miss Moodie had her hands full. She tells of having to watch a man with severe bronchitis, downstairs; another with delirium tremens, upstairs; and in a room opposite, one dying of cancer. She had strict orders to see that one did not choke, the second did not jump over the banister, and that the third got relief from pain. However, as Miss Moodie says, "these rules had to be obeyed more in spirit than in letter, and all spare moments for some nights were spent sitting on the top step of the staircase by the can-

cer man's door, in sight of the D.T.'s door, and, at any rate, within sound of the bronchitis man's cough".

In 1895, the nucleus of the building fund was the gift of a young Chinaman who, when dying, willed the proceeds of the sale of his property to the erection of a general hospital. The balance of the money was raised by a grant from the City, by public subscription and by private donations. This building served the people of Calgary for fifteen years and then became the isolation hospital when the present General Hospital was opened in 1910.

Seven hundred and forty-three students have graduated from the Calgary General Hospital School of Nursing since its inception. These graduates are scattered over the world and engaged in many types of nursing. A strong and loyal feeling for their *alma mater* has grown up with the passing of the years which has made possible one of the most energetic alumnae associations in Canada. The members have been active in contributing to the hospital equipment and furnishings, and in 1939 raised $1200 for the Canadian Red Cross Society by means of a very beautiful ice frolic.

Less than fifty years ago, Indians, buffaloes and timber wolves roamed unmolested on the undulating uplands above the Old Man River. Then, trappers, wolfers and whiskey-traders discovered "black stones" which were much to be preferred to "buffalo chips" as a fuel over which to fry their bacon. That discovery produced tremendous changes. Near the site of old Fort Whoop-up was founded the city of Lethbridge, the centre of one of the greatest coal-producing areas in the world. Big companies moved in to develop this hidden wealth, and with their workers came the need for a hospital.

Photo by C. W. Binkley

MARION E. MOODIE

The Galt Hospital in Lethbridge was the second to be founded in Alberta. It was erected by Sir Alexander T. Galt, who was then Canadian High Commissioner in London, and interested in the Lethbridge coal deposits. The first medical superintendent was the late Dr. F. H. Mewburn, one of the most colourful and well-known figures in the medical history of pioneer days in the West. The school of nursing was established in 1910, and the hospital now cares for one hundred patients.

And so time marches on! Buffaloes, Indians and trappers no longer roam the grassy plains, and railroad construction camps are gone from the prairies. But we still pay reverent tribute to those men and women who with vision and courage blazed the trail for the fine institutions that now offer care to the sick and give opportunities for learning the art and science of nursing.

The Perennial Problem of Pain

Frank Turnbull, M.D.

Writers of fiction and shallow-minded philosophers have for centuries created a very inaccurate conception of physical pain. It has been held up by some as a sort of moral purge, by others as a mere idea which a truly heroic soul can master. If there are any physicians or nurses who accept this stoical attitude toward human suffering, they must be very callous, or at least very unobservant. But we are all prone to underestimate the degree of misery. There is only one pain that is easy to bear; it is the pain of others (Leriche).

An acute agonizing pain usually dominates the victim's consciousness. For the duration of the painful experience he is pre-occupied, unattentive, unable to concentrate on physical and mental activities. During the agonizing experience time passes at a slower pace, each minute seems an hour. Very severe pains are rarely accompanied by mental depression; there is not room for physical and moral pain to exist together. The presence of two distinct pains simultaneously is rarely noted. Hippocrates has stated, 'of simultaneous pain in two places, the lesser is obliterated by the greater.' Biting one's finger until sharp pain is produced will give complete relief from a number of dull aching pains. This new pain is a welcome although temporary relief. Long suffering from a single type of severe pain makes all other pains pale in comparison. A patient who has suffered from trigeminal neuralgia for years will endure the pain of an alcoholic injection with surprising fortitude.

Contrary to our experience with all other sensations pain may never become exhausted, never let go. I have observed a man who was stricken one day with agonizing pain in his right arm. For nine years he never went more than five minutes in his waking hours without suffering a pain like red-hot needles pushed up under his nails and projected through the skin of his forearm. His hair was prematurely grey, his facial expression so strained and wrinkled that he looked fifteen years older than his age. Pain was no fortunate warning, no reaction of defence on the part of the body, in that miserable man. The lesion responsible for this calamity was thrombosis of a tiny artery in his brain. This pathological process had long since ceased from being an active disease, but the pain went marching on.

Pain is hopelessly inefficient as a warning of disease or mal-function. Harmful influences, such for example as an overdose of X-rays applied to the skin, may proceed to total destruction of an area with no hint of pain being given. In serious diseases pain does not often warn us of danger in time. Consider the two greatest scourges of mankind, heart disease and cancer. Pain arrives in these maladies too late to warn the victim, and only serves to make him more miserable.

Complete understanding of another's pain is limited by the victim's intellectual status and his command of language, because pain is entirely subjective. Harassed judges who are required to assess damages in cases of alleged pain, have often expressed a desire for a machine which would measure pain in mathematical terms. But such an instru-

ment is an impossible conception, for there are too many intangible factors involved in the matter. Between individuals there exists definite variations in tolerance and in sensitiveness to pain. Variations in tolerance appear frequently as a trait of nationality, race, or of age. It is said that many Cossack soldiers can undergo operations, such as amputation of a foot, without any anesthetic and with no sign of discomfort. The "Oi, Oi" of the Israelites, which has echoed down through the ages as a symbol of continued persecution, is no less an evidence of lessened tolerance for pain.

Beside causes of increased or decreased tolerance for pain which may be said to arise outside the individual, there are many causes within the individual which may vary his tolerance. Under the stress of strong emotion such as excitement, anger, or pleasure, the threshold of pain becomes temporarily raised. The lacrosse player may have no recollection of the injury which caused his bruise. Prolonged insensitivity to pain may occur in periods of religious ecstasy. Were it otherwise, many martyrs who were burned at the stake would surely have cried out in their anguish. The practical development of hypnotism as an anesthetic agent in surgery was only interrupted in the late nineties by the chance discovery of chloroform and ether.

In 1932, while on their way to a meeting of the British Medical Association in Australia, two learned English scientists investigated the act of fire-walking by the natives of Fiji. In this performance the actors first assemble in a native hut where they are shrieked at by witch-doctors. Thereafter they run outside and dance for several minutes on coals of fire. The eminent observers were present at the same performance, and both of them examined the actors before and after, but they disagreed in their conclusions. One claimed that there was no manifestation of pain because the natives were in an hysterical trance, while the other thought that insensitivity resulted from years of practice, by repeated exposure to heat of the thick skin on the soles of their feet.

Disease may be present in an individual with no evidence of pain until one or more other conditions arise. An interesting example is the much-quoted experience of the German surgeon, Billroth. He related that at a concert "when the soprano, with incredible assurance, took a high B a quarter of a tone too high," he suffered a severe pain in a tooth that had never before been painful. On the following day investigation showed that the tooth was carious.

Gross examples of insensitivity to pain are found in certain cases of mental defect and insanity. Idiots and imbeciles often injure themselves by striking their heads, gnawing their hands, or threshing their bodies. A story is told of an idiot who was found beating his head against a wall and when asked why he did it replied that "it's so fine when I leave off." Very rarely an individual who seems otherwise normal exhibits complete absence of the sensation of pain. In Robert Ripley's "Believe It or Not Emporium" on Broadway, New York, there is a performer from Jersey City named Joseph Costello, who claims to be insensitive to pain. He proves his contention by sewing buttons on his chest and by allowing favoured members of the audience to use his bare back as a darts board.

Perverted trends of conduct may be linked with the mechanism of pain. Sadism, the desire to inflict pain, and masochism, the desire to suffer pain, are well recognized psychological states. A sublimated form of sadism is apparent

to anyone who listens to the crowd at a wrestling match, and more brutal forms in some of the refined methods of Nazi terrorism.

After these digressions about some of the general features of pain let us return to the more sordid aspect of pain in relation to disease. I have already stated that disease which is heralded by pain is not always amenable to medical treatment. This is seen, for example, in some malignant growths of the naso-pharynx. In other cases, such as post-herpetic neuralgia, the disease becomes quiescent but some remaining perversion of the nerve pathways is responsible for a continuous flood of painful impulses. Again, as in some cases of carcinoma of the mouth and throat, the pain may be successfully allayed by sedatives as long as the disease lies within the domain of one major sensory nerve; but, when the disease spreads further afield pain often becomes insufferable. It is obviously our duty to do everything possible to relieve such misery, by surgical measures if medicine alone is not sufficient.

It is sorrowful to reflect on the present state of international conflict when we recall the two men who have probably contributed more to our understanding of pain and its surgical relief than any others. These two men, who are personal friends, are a German, Professor Foerster, and a Frenchman, Professor Leriche. Professor Foerster's outstanding contribution has been a study of the surgical procedure for relief of pain which is termed cordotomy. Painful sensation from the extremities and from the trunk travel toward the spinal cord by devious paths. But once these painful impulses enter the spinal cord their pathway becomes very localized and precise. They enter the cord, cross to the opposite side, and ascend to the brain in a pathway which is close to the surface and just in front of the middle of the cord. If one of these pathways is destroyed the individual will lose all sense of pain on the opposite side of his body below the level of the lesion. This observation forms the basis for cordotomy. In this operation the spinal cord is exposed by a laminectomy and one or both pain tracts are transected. The patient loses the sensation of pain in the affected area but not the sensation of touch, and he has no loss of motor power.

Cordotomy is a major operation but can be carried out with very little risk to life. Unilateral cordotomy has no serious complications. Bilateral cordotomy is apt to be complicated by retention of urine which necessitates use of a catheter. It is obvious that cordotomy is not an operation to be undertaken lightly, but I feel certain that it is not used frequently enough. Its chief value is for relief of intractable pain in the trunk or legs during the late stages of cancer. How frequently do we see patients whose death is hastened not alone by their cancer, but as much by the ever-increasing doses of morphia. Morphia may relieve their pain as long as it keeps them asleep. While awake, although stupid from large doses of the drug, they are yet in misery. If the patient has three months or longer of life in prospect, and is suffering unbearable pain, it is better to relieve his pain by cordotomy and leave him with a clear mind, than to dull his intellect by increasing and often ineffective doses of sedative.

The chief contribution made by Professor Leriche to our understanding of pain and its surgical relief has been his repeated demonstration of the important role which is played by the sympathetic nervous system. This system consists chiefly of a cord of neural tissue which

lies outside the spinal canal, along each side of the vertebral column, in the lower cervical, thoracic, and upper lumbar region. These sympathetic trunks communicate with the spinal cord and have in-going and out-going branches which pass to every part of the body along with the regular spinal nerves and in the walls of the blood-vessels. Activity of the sympathetic nerves in the extremities is manifest by coldness of the skin and sweating. If we paralyse, by novocain infiltration, the sympathetic trunk at the point of entry of fibres from a limb, that limb will become warm and dry.

A great number of pains are accompanied, and a few possibly caused, by overactivity of the sympathetic nervous system. If you have ever nursed on the Compensation Board wards of any large hospital you will recall a type of patient who illustrates this relation. This is the man who has received a minor puncture wound of a finger, or toe, or crushing injury of his hand or foot, and who continues to suffer from severe pains which appear to be entirely out of proportion to the initial injury. In the worst of these cases you will note that the affected limb is cold and moist in contrast to the other limbs. The patient protects his limb with extra clothing and mitts, and is fearful lest it be accidentally knocked by a careless examiner. He can often predict the onset of stormy weather by increasing pain. Any noise in his vicinity or emotional upsets aggravate his distress. He may become a harassed, unhappy, miserable being, seemingly always immersed in his pain. It is easy to label such a man as neurotic and say that the pain is all in his mind. But that is of no help to the patient, and it explains nothing.

Why is the painful limb usually colder and moister than the other limbs? Why is the pain so frequently affected by changes in weather? Why does the pain spread from the site of injury to involve the whole limb or even half the body? The answer to these and many other difficult problems lies in the relation of the sympathetic nervous system to this type of pain. Leriche has demonstrated repeatedly that if sympathetic activity in the affected limb is paralysed by infiltration of novocain, the pain disappears. Even though the normal sensations may be evoked by pinprick, light-touch, heat and cold, the individual is rid of his agonizing pain as long as the sympathetic nerves remain paralysed. Fortunately in many instances the pains are permanently diminished, and in a few cases apparently cured by one or more of these simple infiltrations.

There are many types of pain which are markedly affected by activity of the sympathetic nervous system. It will require more years of intensive clinical observation before the exact relation is clarified. It is not a problem that can be settled by animal experimentation. But the final answer will take us a long way toward a complete understanding of the pain mechanism. Every year brings us a more complete understanding about pain, but a great deal has yet to be learned. The greater knowledge that every nurse has of this perennial problem, the more effective will be her efforts to relieve the distress of each individual patient.

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Reader's Guide

In ***Notes from the National Office,*** you will find the tentative programme of the forthcoming General Meeting of the Canadian Nurses Association. This programme affords an excellent outline of the nature and scope of the many activities of the Association which will be reported upon at that time. Further information concerning the addresses to be delivered by distinguished guest speakers will be given in subsequent issues.

On the cover of this *Journal* is an authentic portrait of a Blackfoot medicine man; in "Nursing Comes to the last Frontier", ***Miss Rae Chittick*** tells us about his legend and how Medicine Hat came by its name. She also gives a vivid picture of the development of nursing service and education in Southern Alberta. Miss Chittick is instructor in health education in the Provincial Normal School, Calgary, Alberta.

Yet another inspiring page in the history of nursing in Canada appears in this *Journal;* the story of fifty years of nursing in the Montreal General Hospital is told by ***Miss Mary S. Mathewson,*** president of the Alumnae Association. Miss Mathewson is associate director of the School for Graduate Nurses, McGill University.

In his pain and distress, the patient turns to the physician and to the nurse for relief and solace. ***Dr. Frank A. Turnbull*** displays deep and sympathetic insight into the nature and alleviation of pain. He is a member of the Attending Staff of the Vancouver General Hospital, department of neurology and neuro-surgery.

Intestinal parasites constitute a health problem which is becoming increasingly serious, especially in those sections of the country where the population is migratory. ***Dr. W. B. McClure*** presents most valuable information concerning the prevention and control of diseases arising from this source. Dr. McClure is a member of the staff of the Division of Laboratories of the Ontario Department of Health, Toronto.

A Call to Service

The following appeal has been received from Miss Grace W. Gibberd, missionary secretary of the Student Christian Movement of Canada:

On behalf of the mission boards of the Canadian churches, we are anxious to place the need for missionary nurses before as wide a group as possible. The need for nurses in medical missionary work, both in Canada and overseas, is always greater than the number of those applying for the work. This year the call for war nursing makes it more than ever difficult to fill the very urgent calls that are before us. These include—five nurses for India, three for China, one each for Africa, Japan and Korea, and several for Eskimo and Indian hospitals in Northern Canada.

We would appreciate the opportunity of making the needs known, and suggest that any nurses who are interested should apply to the Student Christian Movement office, 1164 Bay Street, Toronto 5.

Fifty Years of Nursing at the "M.G.H."

Mary S. Mathewson

On February 20, 1890, Miss Nora Gertrude Elizabeth Livingston, the newly appointed Lady Superintendent, arrived at the Montreal General Hospital — a day to be remembered, for it marked the initiation of an era that revolutionized the care of patients, and the establishment of a Training School which earned a place of its own in the record of Canadian nursing.

This Hospital, founded in 1821, owed its origin to the little four-roomed House of Recovery opened in 1818 by the Female Benevolent Society for the "relief of those suffering under the double calamity of poverty and disease." Through the years the institution expanded to meet the demands of the growing city, and in 1821 a group of public spirited citizens assumed responsibility for its financial support. The first medical school in Canada was conducted by the physicians attending the hospital, and medical students were taught in the wards after the Edinburgh plan. The nursing was carried on by untrained women, and although many were kindly, they learned by experience at the expense of the comfort and safety of the patients.

To meet the increasing demand for trained nursing in the Hospital, Miss Nightingale was approached in 1875, and later in that year Miss Maria Machin, a graduate of St. Thomas's in London, with four other trained nurses, arrived at the Hospital, the first graduates to undertake the proper nursing of patients in Montreal. Miss Machin brought about many reforms, secured further reinforcements from England the next year, and prepared to establish a training school. However, increasing friction with the governors and senior resident led to Miss Machin's resignation in 1878, in spite of the support of the majority of the medical board. The other Nightingale nurses left with her, and Miss Rimmer, an English gentlewoman but untrained in nursing, was appointed as superintendent. In 1880 Miss Anna Caroline Maxwell of Boston was secured as "Lady Trainer of Nurses," under the direction of Miss Rimmer, and a second attempt to establish a Training School was made. Miss Maxwell found the administrative arrangement impossible and left at the end of six months. Both Miss Machin and Miss Maxwell later established beyond doubt their qualities of professional leadership, but apparently considered the obstacles at the Montreal General Hospital virtually insurmountable. For nearly ten years Miss Rimmer carried on the work with the partially trained and untrained women available, resigning in 1889 due to ill health. The Committee of Management then determined to appoint a successor who would be competent to establish a Training School, and secured the services of Miss Livingston, a recent graduate of the New York Hospital.

Nora Gertrude Elizabeth Livingston was born on May 17, 1848, at Sault Ste. Marie, Michigan, and spent her early life in the United States where her father was acting in the interests of the famous Northwest Company. When she was twenty years old, the family came to reside at Como, near Montreal. It was there that Doctor Shepherd first knew her, and he was later instrumental

in persuading her to accept the position at the Montreal General Hospital. At the time of her appointment Miss Livingston was 41 years of age, and had been engaged in private nursing in New York after completing her training of eighteen months at the New York Hospital in 1889. Two other New York graduates came to help her in the undertaking, Miss Quaife who assisted during the day, and Miss Collyer at night.

Immediately revolutionary changes took place throughout the Hospital, and very shortly a two-year course leading to a diploma in nursing was offered to suitable girls over 21 years of age. Applications poured in and the Training School for Nurses was opened on April 1, 1890, just six weeks after Miss Livingston's advent. In order to meet immediate needs, the most promising of the nurses in the Hospital at the time were encouraged to remain. Those chosen were Miss Alicia Dunn, who acted as matron after Miss Rimmer left and later took charge of the operating room, Miss Jessie Preston, and Miss Georgina Caroll. Miss Livingston also persuaded Miss Julia English, Miss Christina McKay and Miss Ellis Chapman, who had formerly nursed in the Hospital, to return. These six women were given special instruction, and, because of their experience, were granted badges and diplomas at the end of one year, the first graduates of the Training School.

NORA LIVINGSTON

The curriculum for the two-year course included twenty-one lectures covering a wide field. Anatomy, physiology, hygiene, bandaging, dietetics, emergencies such as fits, unconsciousness and haemorrhage were discussed by the doctors, whose willingness to help in the better preparation of nurses made a real contribution to the reputation of the School. Nursing practice was learned from Miss Livingston by precept and example. A twelve-hour duty period for day and night nurses was instituted, decent living quarters provided by the addition of a fourth storey to the Hospital, and a uniform introduced which the Governors described as "a composition of pink and white gown with a neat cap and badge,, all esthetic and antiseptic." The first uniform was made of pink and white striped print which was replaced in 1894 by a deeper pink print with conventional pattern and in 1897 by the well known MGH monogram print which is still worn, with slight modifications.

During the second year, three hundred applied for admission to the School; forty-five were admitted and thirty-six retained. The graduates were in demand for, in addition to preparing women to staff the Hospital and for private nursing in homes, many calls

Courtesy of the Gazette, Montreal

At the Commemorative Meeting of the Alumnae Association, Miss Margaret Browne (right) impersonated the graduate of 1892; *she wears the red silk "head nurse" badge and a red pincushion pinned to her belt. Miss Eileen Sherlock (left) represented the graduate of* 1940. *Part of the historical exhibit is visible, including at the left a Lister Spray.*

were received for nurses to organize training schools in other parts of Canada and in the United States. Progress was made from year to year, and in 1895 the course was lengthened to three years. In 1897 a Nurses' Home was built and a dietitian appointed. In 1906 a preliminary class was instituted and Miss Flora Madeline Shaw, (a member of the Class of 1896) after special preparation at Teachers College in New York, was appointed as full-time instructor, the first such appointment in Canada.

Miss Livingston was a particularly keen judge of character and ability and gathered about her a staff of high principled and competent women. When she retired in 1919 because of ill health she had laid the foundations of the School so well and truly that the task of building for the future was left in capable hands. Following her resignation, Miss Livingston lived quietly with her sister until her death on July 24, 1927, in her eightieth year, maintaining a keen interest in her "girls" until the end.

Miss Sarah Edith Young, who succeeded Miss Livingston, was born in Quebec in 1877 and graduated from the Training School in 1900. After a brief period of private nursing, Miss Young returned to the Hospital to become second assistant and later first assistant to Miss Livingston, remaining until 1916 when she was released for military nursing service with the Canadian Forces overseas. In 1919 she was recalled, owing to the illness of Miss Livingston, and was chosen to carry on the work which the founder had begun.

During Miss Young's term of office, the teaching staff was trebled and more graduate Sisters were appointed to the wards. Teaching equipment and library facilities were augmented, student nurses were given three hours off duty instead of one as formerly, and student government was inaugurated. In 1926 a new Nurses' Residence was opened which provided more adequate living and recreational accommodation in addition to a complete teaching unit, one of the most-up-date on the continent.

At the time of her death in December 1927, Miss Young was only fifty years of age, but she left an imprint on the nursing tradition of the Montreal General Hospital which will never be effaced. It is rare to find two women so entirely different and yet so thoroughly imbued with the same high ideals of service as Miss Livingston and Miss Young, and how much rarer it is when a third Superintendent is found who not only carries on the best of the old tradition, but adds a special contribution of her own. Such was indeed the case in the choice of Miss Young's successor, Miss Mabel Kathleen Holt, the present Superintendent and Principal of the School for Nurses.

SARAH E. YOUNG

Miss Holt was born in Sussex, England, and graduated in 1919, by a coincidence with the last class under Miss Livingston's régime. After a short time spent in private nursing, Miss Holt joined the staff as second assistant to Miss Young, the next year assuming the position of instructor. Miss Holt then undertook a year of further study at the School for Graduate Nurses, McGill University, returning to her own School in 1924 as instructor for a time before accepting an appointment as assistant superintendent of nurses at the Hamilton General Hospital. She was recalled to the Montreal General Hospital on account of Miss Young's illness in 1927 and in December of the same year Miss Holt was appointed as the third Superintendent of the School.

During the critical years of the depression, Miss Holt found ways and means to avoid lowering hard-won educational standards. She persuaded the Committee of Management to permit the staffing of the new Private Patients' Pavilion entirely with graduate nurses on the eight-hour plan, which arrangement considerably relieved an urgent unemployment problem. In 1937 a public health nurse was appointed with special responsibility for the development of a complete health service for student nurses, as well as for the integration of preventive aspects throughout the undergraduate course.

The years have brought many changes, and the twenty-one lectures provided for the pioneers have been succeeded by a curriculum in keeping with the demands of the new day. The staff

MABEL K. HOLT

of three graduates and thirty-eight student nurses of 1890 has grown by 1940 to include a superintendent who is also principal of the training school; a day and a night assistant; four full-time instructors; forty-five graduate nurses; two hundred and ten students, in addition to the seventy-six graduates serving the Private Patients' Pavilion. More than sixteen hundred nurses have been granted the diploma of the School.

In its first fifty years, three outstanding Superintendents have guided the destiny of the School, their task made possible by the loyal support of co-workers too numerous to name individually. However, mention must be made of three women who have made notable contributions to the standard of nursing set by the Montreal General Hospital — Miss Nora Tedford, for twenty-one years in charge of the operating room; Miss Jennie Webster, O.B.E., who acted as night superintendent for thirty-three years; and Miss Flora Strumm. For nearly forty years Miss Strumm has self-effacingly played her part as Assistant in turn to Miss Livingston, Miss Young, and Miss Holt, acting a a co-ordinating link between the old and the new, tiding over each change in administration, thus making possible a continuity of service which has been both invaluable and unique.

What changes the next fifty years will bring to the practice of nursing it would be futile to predict. New and better ways will inevitably be found, but the spirit of nursing engendered by Miss Livingston must be preserved — in her own words, "the *patient* must always come first."

EDITOR'S NOTE:

A report of the Commemorative Meeting of the Alumnae Association will be found on P. 245.

Intestinal Parasites in Man

W. B. McClure, M.D., D.P.H.

Disease producing parasites of various kinds are to be found in the intestine of man. In the tropics and subtropics there are a large number of these parasites and even in temperate climates certain forms are quite common. In Canada there are a number which are of interest from a medical and public health standpoint. These organisms may be divided into those consisting of a single cell and known as protozoa; and those of many cells, the metazoa. Among the protozoa there is one which causes dysentery; it is the *endamoeba histolytica* and is the cause of endamoebic dysentery. The important metazoa are the beef tapeworm (*taenia saginata*), the pork tapeworm (*taenia solium*), the fish tapeworm (*diphyllobothrium latus*), the common round worm (*ascaris lumbricoides*), the pinworm (*oxyuris vermicularis*), and the pork round worm (*trichinella spiralis*).

Dysentery in Canada is most often due to bacilli and is known as bacillary dysentery. However, cases of endamoebic dysentery do occur. The organism which causes this infestation is the *endamoeba histolytica* and consists of a single cell which is four to seven times larger than a red blood cell. There are two forms of the parasite (1) the actively moving form (vegetative form), and (2) the resting form (cyst). When a person is suffering from the disease these vegetative forms are to be found in the large intestine where they produce severe ulcers in the intestinal wall. These ulcers may cause perforation of the intestinal wall or severe haemorrhage. In the warm stool under the microscope one may see these parasites moving about.

After the person has been ill for a week or more, especially if there has not been any treatment given, these moving forms decrease in number and are replaced by the cysts. The parasite decreases in size, produces a thick wall around itself and the cyst is formed. These cysts are passed in the stool and can live for about a week but in fresh water they will live for over a month. They are easily killed by drying, and in one hour by half-strength brine. These carriers with the cysts in their stools, if they are careless in their personal hygiene, carry the disease to well persons.

In order that control may be effected, diagnosis of the disease should be made as soon as possible. This may mean repeated examination of stool specimens by the laboratory until the parasite has been found. The case is treated with heavy doses of emetine hydrochloride or carbarsone.

Water supplies should be protected. If the water is obtained from mountain streams or springs, the sources should be protected from contamination. Chlorine, when used in the dosage for killing bacteria, will not kill the cysts. Sand filtration is essential to remove them. In tourist or trailer camps if there is any doubt as to the quality of the water it should be either boiled or passed through a sand filter.

In the country, or in summer camps where no septic tanks are installed, sanitary flyproof privies are essential. This is very important in summer camps as tourists from the Southern United States are sometimes carriers of the disease. In urban districts the sewage should be so treated that all the cysts will be re-

moved. If the sewage is not treated and flows into a body of water, then the raw sewage must be kept away from bathing beaches or water intakes. Flies and cockroaches may carry the cysts to man's food supply. The cysts will live 48 hours in the intestine of the fly and they may also carry them on their feet. Cockroaches may also carry the cysts about, therefore all food supplies must be protected.

Tapeworms (*cestodes*) are segmented worms consisting of a small head, about pin-head in size, to which is attached the segmented body. These segments gradually increase in size until they become ripe at the end of the worm. A single worm may be from several feet to over forty feet in length and the male and female elements are present in each segment. When ripe, they break off and are to be found in the stool. Inside the ripe segments are the eggs of the worm.

Beef tapeworms (*taenia saginata*) are parasites which live in the upper part of the small intestine of man. Not many worms are present at any one time and the segments have no birth pores, so that no eggs are seen in the stool unless one of the ripe segments is broken up and the eggs released. If the eggs in the faeces find their way to pasture land they may be eaten by cattle. In the cattle, larvae are formed which find their way to the muscles where they live for a long time. When persons eat this meat improperly cooked they may develop a tapeworm. The patient should be treated with male fern to remove the worms.

Control may be effected by proper disposal of faeces; human faeces should not be allowed to reach pasture land. Meat inspection in abattoirs will pick out infected carcasses. In cold storage it takes three weeks for the larvae in the meat to die, but if the meat is frozen solid they will be killed in six days. Adequate cooking of beef is essential; a temperature of 140 degrees Fahrenheit for five minutes will kill the larvae. Smoking or salting does not kill them for some time.

Pork tapeworms (*taenia solium*) are rare in Canada but persons are infested from eating raw or improperly cooked pork. The history of this worm is similar to that of the beef tapeworm, but the pig is the intermediate host. The larvae are present in the muscles of the pig and the adult tapeworm lives in man's intestine. Occasionally a human being with a tapeworm in his intestine may become infected with the eggs from his own worm. In such a case, the eggs hatch and the larvae find their way to various parts of the body. They have been found in the brain, liver and heart as well as in the various muscles. The patient should be treated with male fern to remove the worms.

The control of these parasites is effected by proper disposal of human faeces; pigs will eat human faeces and are therefore easily infested. Meat should be inspected for infested carcasses which are known as "measly pork." These larvae are more resistant than beef tapeworm larvae and cold storage does not kill them. Adequate cooking is essential; a temperature of 140 degrees Fahrenheit for five minutes will kill the larvae in the meat.

Fish tapeworms (*diphyllobothrium latus*) may cause infestation in man if improperly cooked fish is eaten or even by tasting fish before it is cooked. There is a birth pore in the segments of this worm so that the eggs are always seen in the stool of an infested person. When

the egg finds its way into a lake or stream it develops into an actively moving form which then finds its way into the body of a snail, where it develops. When the snail is eaten by a fish, the larva undergoes further development in the muscles of the fish.

This worm was first introduced into America by Finlanders who settled around the Minnesota lakes. Fishes in these waters soon became infested, so that today many of the fish in the Great Lakes have the larvae in their muscles. .Fish tapeworms may also form in the intestines of dogs that have eaten raw fish scraps. When a person has these worms he may develop a severe anaemia which resembles pernicious anaemia. The anaemia is cured by the removal of the parasite. Male fern should be given to remove the worms.

Fish should not be tasted before being cooked, and should be thoroughly cooked before eating. A temperature of 150 degrees Fahrenheit for five minutes will kill the larvae in the muscles of the fish. Untreated human or dog faeces should not find their way into lakes or streams where the snails will became infested. Raw sewage from cities should have a preliminary treatment to remove the eggs before flowing into lakes. Dogs should not be fed raw fish scraps.

Trichinella spiralis is a round worm which is obtained from infested pork and may be transmitted to man if the pork is insufficiently cooked. In man's intestine a small round worm develops which is about one-sixth of an inch in length. In about seven days this worm is fully developed and starts to produce very small embryos; it does not lay eggs. These embryos are about one-fiftieth of an inch in length; they penetrate the wall of the intestine and find their way to the muscles where the body builds a wall around them. The infestation in man is very severe and causes death in some cases.

The pig becomes infested by eating raw pork scraps in garbage, or by killing and eating infested rats; the rats get the disease by eating one another as they are cannibalistic in nature, or by eating infested pork. In the United States there is a great deal of this disease; an infested pig in a meat-packing plant may find its way into a large batch of sausages and in this way the disease becomes more widespread. In Canada, there is a federal law which states that persons collecting garbage to be fed to swine must first obtain a licence from the government and that all the garbage that they collect must be boiled. For this reason the incidence of trichiniasis in Canada is quite low.

Control may be effected by the following measures: uncooked garbage should not be fed to swine; pork for human consumption should be well cooked; as the infestation is kept alive among the cannibalistic rat population, it is essential to control rats and prevent them from coming near swine.

Pinworms (*oxyuris vermicularis*) are worms which, in man, develop in the small intestine and when fully developed find their way into the large intestine. They are about half an inch in length and are also known as thread worms. At night, the female worms crawl through the anus and lay their eggs on the skin around it and then return to the intestine. This movement of the worm causes a great deal of itchiness around the anus; the eggs when laid are fully developed and if swallowed they will at once form new worms. In this way, children especially are very easily re-infested.

The eggs are not often found in the faeces and, in order to tell whether a person is infested or not, a swab is used on the end of which is fastened a piece of cellophane about one inch square. This swab is rubbed around the anus and any eggs that are there will adhere to the cellophane. By placing the cellophane under the microscope any eggs which may be present will be seen.

In the United States, various surveys show that about 30 percent of the population have pinworms. In certain institutions and hospitals for children in Canada, recent investigations have shown that from 40 to 70 percent of the children harbour the worms.

One worm will lay from 4000 to 16,000 eggs, and as many as 4000 worms have been found in a heavily infested individual. In homes where cases are present, the eggs have been found in the house dust, rugs, chairs, and even over the tops of door casings where they have been carried by air currents.

In infested homes where there are several children the control of this condition is very difficult as there are so many possibilities for reinfestation. All persons in the household should be treated with drugs to rid them of the parasites. Hexylresorcinol may be given twice a week for two weeks. During the course of treatment all the bed linen should be boiled twice a week. A thorough housecleaning should be instituted to get rid of the eggs lying around the house.

Personal hygiene is important; the hands should be washed before meals and after stool. In children, the fingernails should be kept short and in some cases collodion on the ends of the fingers will keep the eggs from getting under the fingernails. The anal region should be washed frequently and shower baths are most desirable. In institutions for children it has been found that shower baths are superior to tub baths to keep down the incidence of these worms.

All members of the household should have individual towels. Underclothing should not be left lying about and should be washed frequently. Vegetables and fruits should be washed before being eaten in the raw state.

Round worms (*ascaris lumbricoides*) are worms resembling earthworms, but are flesh coloured. Male and female worms are usually present; if there is only a male worm there will be no eggs in the stool but the eggs are constantly found when a female worm is present. When the eggs are passed in the stool they will not infest a person until they have undergone a preliminary stage in the soil where they will remain alive for long periods of time. When one of these developed forms in the ground is swallowed, the little worm comes out of the egg and penetrates the intestine and finds its way to the lung where it is coughed up and swallowed. It then forms the adult worm in the intestine and takes about two and a half months to become fully grown. The round worm in the pig looks very much like the human round worm but it is a different species and man does not become infested with the pig ascaris.

The infested person should be treated with drugs such as the oil of chenopodium to remove the worms. Human excreta should be kept away from soil where persons may come in contact with the developed eggs. Fruits and vegetables to be eaten in the raw state should be washed before being eaten. The hands should be washed before eating, and unwashed hands should be kept away from the region of the mouth.

Nursing Service, R.C.A.M.C., C.A.S.F.

The Canada Gazette announces that Nursing Sister, H. N. Stevenson, has been appointed to be Matron. The following have been appointed to be Nursing Sisters:

Margaret G. Grandy, I. M. Chipman, D. A. Rastoul, C. R. Blue, M. L. Tomlinson, H. G. Adams, A. M. Allen, M. Baldwin, F. P. Bennest, C. M. Brazier, D. M. Brown, C. E. Browne, M. F. Cascaden, N. E. Harburn, D. A. Howland, D. J. Low, C. T. Lunn, C. M. Mackay, O. E. Meadows, M. M. McCulloch, D. I. Rawson, S. J. Roberts, M. B. Soulier, M. Stanley, M. L. Taylor, F. H. Watt, H. E. Wilson.

H. E. Campbell, A. Clake, E. C. M. Honey, E. C. Leishman, P. A. L. Lundgren, J. M. McCowan, F. F. Macleod, F. W. Spafford, H. I. Sutcliffe.

A. M. M. Nicholson, A. E. Norsten, H. M. Ross, K. M. Warham, A. M. Millar.

Book Reviews

PRINCIPLES OF PSYCHIATRIC NURSING, by Madelene Elliott Ingram, R.N. 428 pages. Illustrated. Published by the W. B. Saunders Company; Canadian agents: McAinsh & Co. Limited, Toronto. Price, $3.25.

Reading this book for purposes of review seemed like following a trail leading through a new and challenging field of nursing. Miss Ingram is assistant superintendent of nurses and head instructor in the Sheppard and Enoch Pratt Hospital, Towson, Md., and evidently owes her mastery of her subject to a wide and varied experience of mental nursing. This book is written expressly for the student nurse and contains a wealth of factual detail concerning the nurse herself, her patient, and the nurse-patient relationship. The content is assembled into four units; the first deals with the development of mental nursing; the second with nursing care; and the third with an introduction to a study of clinical psychiatry. Unit Four gives valuable information concerning the management of mental patients when travelling. The final chapter is devoted to a brief outline of the principles of mental hygiene.

The outstanding merit of this book is its directness and simplicity. Its general approach, while eminently sane, is never so detached that it fails to convey a sympathetic understanding of the tragic aspects of mental illness. Its usefulness is by no means confined to the student of psychiatric nursing. Much of its content could be applied in general nursing to equal advantage.

PRACTICAL DIETETICS, with reference to diet in health and disease, by Alida Frances Pattee. Twenty-second edition. 868 pages. Illustrated. Canadian agents: McAinsh & Co. Limited, Toronto. Price, $3.25.

The fact that a book attains a twenty-second edition suggests that it continues to serve a useful purpose. Miss Pattee's classic textbook has undergone thorough revision and several chapters have been completely re-written. The subject matter is arranged under the general headings of principles of nutrition, diet therapy, and the practical application of principles of nutrition. Vitamins are discussed clearly and simply. There is a good table of food values showing gram portions, average servings, and vitamin units. Many excellent recipes are given for the cooking of all sorts of food.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Tentative Programme

The Executive Committee of the Canadian Nurses Association in meeting on September 16, 1939, considered the advisability of holding the next biennial meeting in 1940. By unanimous opinion it was decided that during the present period in the history of Canada every effort should be made to maintain all educational standards and for this reason, if at all possible, the next general meeting should be held as arranged.

The Programme Committee proceeded to draft a programme in accordance with the decision made by the Executive Committee. On the following pages is published a tentative outline of the programme for the Twentieth General Meeting.

The guest speakers are to be Mrs. Rex Eaton of Vancouver, who will give an address at the first evening session, and Dr. A. Vibert Douglas, Dean of Women, Queen's University, Kingston, Ontario.

Arrangements are being made for the customary church services on Sunday, June 23. These are to be held in St. Stephen's Church, and in the Chapel at Holy Cross Hospital.

It will be noted that more time is allotted to the reports of various committees, the national sections, and the provincial associations than has been customary at previous general meetings. This has become necessary owing to the number and variety of studies which have been underway since 1938; also to allow sufficient time for the biennial reports by the federated units and national sections to be discussed thoroughly. Such discussion offers opportunity for the nurses from each province to learn more of what is being encountered and accomplished by all the provincial associations and sections.

The session on Friday afternoon should be of outstanding importance, by then the official delegates, particularly, will have spent several days together and should be prepared to give serious consideration to the preparation of the programme by which the members of the nursing profession can resolutely confront the future.

The Alberta Association of Registered Nurses has asked that plans for Friday evening be left to that Association. Definite details in regard to those plans will be announced in a later issue.

Special Social Functions

Thursday evening, June 27, is left free so that various groups may arrange for an evening of good fellowship and renewing of old acquaintances. Those wishing to make reservations for this type of entertainment for that evening or at other times during convention week should write to Miss Margaret Fraser, Royal Alexandra Hospital, Edmonton.

Transportation

While detailed information concerning transportation to Calgary can be secured from all ticket offices of the Canadian National Railways and the Canadian Pacific Railway, the following statement may prove helpful to nurses who are planning to attend the General Meeting.

(1) The regular summer tourist rates are recommended, these can be secured for (1) twenty-one days, and (2) five months, expiry date being October 31, 1940.

(2) The two railway systems offer similar rates, with stop-over privileges and travel via the Great Lakes if preferred.

(3) There are numerous optional routes from which to choose, details concerning these routes can be obtained at any ticket office of both trans-Canada railway systems.

Hotel Accommodation

Nurses who wish to secure accommodation at the Hotel Palliser are urged to make early reservation. Such requests should be addressed to the Manager, Hotel Palliser, Calgary. Most reasonable rates are offered to members of the Association. The Committee on Arrangements have also submitted rates for accommodation elsewhere than at the convention headquarters. The rates for Hotel Palliser and elsewhere are quoted herewith. The rates quoted are per diem, except when otherwise stated. The prefix "S" means single room; the prefix "D" means double room.

Hotel Palliser—S.R., $3.00; D.R., $2 00; 3 in a room, $1.25; each room has connecting bath.

York Hotel—S.R., $1.50; D.R., $1.25.

Wales Hotel—S.R., $1.75 - $2.50; D.R., $1.25 - $1.75.

Empress Hotel—S.R., $2.00 or $12.00 per week; D.R., $1.50 or $9.00 per week.

Braemar Lodge—S.R., $1.50; D.R., $1.00.

Rooms without bath at slightly lower rates than those quoted above are available at the York, Wales and Empress Hotels and at Braemar Lodge. The Wales and Empress Hotels are termed "family hotels".

Special Information

Inquiries for additional information relative to accommodation should be addressed to Miss Mary Maclear, 1707 Broadview Road, Calgary. Rev. Sister Mansfield, Holy Cross Hospital, Calgary, will be pleased to hear from any religious sisters who wish to secure accommodation while attending the General Meeting.

Accommodation at Banff

The convener of the Arrangements Committee stresses early reservation for accommodation at Banff by those who are planning to go there for the week-end following the General Meeting. By courtesy of two members of the Alpine Club, a limited number of guests can be accommodated at the Club House in Banff. Further information may be secured by writing to Miss Eleanor McPhedran, 205-206, I.O.O.F. Building, Calgary, or to Miss M. F. Lavell, 1005-14th Avenue West, Calgary.

TENTATIVE PROGRAMME OF THE BIENNIAL MEETING

Monday—June 24

9.00 a.m., Section Executive Committee Meetings: *Nursing Education; Public Health; Private Duty.*

11.00 a.m., Special Committee meetings, as may be arranged.

1.30 p.m., Registration.

2.00 p.m., Meeting of the Executive Committee of the Canadian Nurses Association.

6.00 p.m., Dinner, given in honour of the members of the Executive Committee of the Canadian Nurses Association, by the Executive Committee of the Alberta Association of Registered Nurses.

8.00 p.m., Meeting of the Executive Committee of the Canadian Nurses Association.

Tuesday—June 25

General Session, 9.00 a.m.

8.00-9.00 a.m., Registration.

9.00-10.15 a.m., Invocation — The Right Reverend Ralph Sherman, D.D., Bishop of Calgary.

Reading of Minutes of the Biennial Meeting, 1938.

Report of the Honourary Secretary.

Report of the Honourary Treasurer.

Report of the Executive Secretary.

10.15 a.m. to 12.15 p.m., *Presidential Address.* Appointment of press representatives.

Reports of Standing Committees, with discussion:

Publications Committee, Miss Grace M. Fairley.

Arrangements Committee, Miss Kathleen Connor.

Programme Committee, Miss Grace M. Fairley.

Formal presentation of resolutions from the Executive Committee and the Provincial Associations.

Appointment of Resolutions Committee.

Appointment of scrutineers, with instruction regarding ballots.

Roll Call of Federated Associations.

The International Council of Nurses, Miss Grace M. Fairley.

Announcements.

12.15 p.m., Adjourn to view exhibits.

General Session, 2.00 p.m.

2.00-4.00 p.m., *Reports of Special Committees, with discussion*:

Exchange of Nurses, Miss M. K. Holt.

Health Insurance and Nursing Service, Miss M. Kerr.

Community Nursing Service Bureau and Joint Advisory Committee, with recommendations: Miss R. M. Simpson.

Budget Report, Miss A. J. MacMaster.

History of Nursing, Miss M. Mathewson.

Mary Agnes Snively Memorial, Miss J. E. Browne.

General Session, 8.00 p.m.

Chairman: the President of the Alberta Association of Registered Nurses.

Addresses of Welcome:

The Premier of Alberta

The Minister of Education

His Worship, the Mayor of Calgary

The Minister of Health

The President of the University of Alberta

The President of the Alberta Medical Association

The President of the Alberta Association of Registered Nurses.

Response to Addresses of Welcome: Miss Grace M. Fairley, President of the Canadian Nurses Association.

Ceremony: *The Mary Agnes Snively Memorial.*

Address: "Mary Agnes Snively, the woman", Miss Grace M. Fairley, President of the Canadian Nurses Association.

Presentation of the Mary Agnes Snively Medals.

Address: by Mrs. Rex Eaton.

Wednesday—June 26

GENERAL SESSION, 9.00 A.M.

Reports of Special Committees (continued):

9.00-9.30 a.m., Renaming of Sections, Miss M. Kerr.

9.30-12.00., National Committee on Education Progress Report, Miss M. Lindeburgh; Presentation of the Supplement to *The Proposed Curriculum* — "The Improvement of Nursing Education in the Clinical Fields"; (1) The Purpose of the Supplement, Miss M. Lindeburgh; (2) An analysis from the point of view of (a) the basic preparation for public health nursing, Miss M. Kerr; (b) the nurse in general practice, Miss M. Teulon; (c) school of nursing administration, Miss A. J. Macleod. Discussion and Summary.

Overseas Nursing Sisters Association Luncheon.

GENERAL SESSION, 2.00 P.M.

2.00-2.30 p.m., Report of Legislation Committee, including study on the incorporation of the Canadian Nurses Association: Miss M. Millman.

2.30-3.30 p.m., *The Canadian Nurse*: (1) report of the Publications Committee; (2) report of the editor and business manager.

3.30-4.15 p.m. *Florence Nightingale International Foundation*:
(1) Report of the Canadian Florence Nightingale Memorial Committee, Miss R. M. Simpson; (2) report of the Florence Nightingale Memorial Committee of the Canadian Nurses Association, Miss K. Sanderson; (3) report of the Scholarship Award Committee, Miss M. Lindeburgh; (4) a paper descriptive of a year at Bedford College and International House, told by a new "Old International", Miss Bianca Beyer.

4.15-4.45 p.m., *Report on Study*: National Field Secretary and Placement Service.

GENERAL SESSION

7.30 p.m., *Banquet*: Speaker, Dr. A. Vibert Douglas, Dean of Women, Queen's University, Kingston.

Thursday—June 27

CONCURRENT MEETINGS OF SECTIONS, 9.00 A.M.

9.00-12.00., Nursing Education Section.
Private Duty Section.
Public Health Section.

12.15 p.m. *Luncheons for Canadian University Alumnae.*

GENERAL SESSION, 2.00 P.M.

2.00-3.00 p.m., Eight-hour Day for Nurses (Round Table): chairman, Miss K. W. Ellis.

3.00-4.00 p.m., Unfinished Business.

The evening has been reserved for Alumnae Association functions.

Friday—June 28

GENERAL SESSION, 9.00 A.M.

9.00-12.00., Reports of Provincial Associations.
Reports of National Sections.
Discussion.

12.15-2.15., *Luncheon for Instructors.*

AFTERNOON SESSION, 2.30 P.M.

2.30-4.00 p.m., *Forum*: chairman, Miss Elizabeth Smellie, C.B.E., R.R.C., "Nurses and Nursing at Home and Abroad in Time of War".
(1) The need for forward-looking leadership.

(2) Military Nursing Service, our preparation and responsibility.

(3) Safeguarding Canadian nursing standards of Education and Service.

Saturday—June 29

GENERAL SESSION, 9.00 A.M.

9.00-11.00 a.m., Report of Resolutions Committee, including resolutions from Sections.

11.00-12.00., Unfinished business.
New business.
Report of scrutineers.
Adjournment.

2.00-4.00 p.m., Meeting of the Executive Committee, Canadian Nurses Association.

RED CROSS WAR WORK

Early in February, the Executive Committee of the Canadian Red Cross Society issued an invitation to women's national organizations to send representatives to a day's conference on the various aspects of Red Cross war work. The conference was held in Toronto on February 29, 1940. The Canadian Nurses Association was represented by the Executive Secretary, Miss Jean Wilson.

Mrs. A. Plumptre, vice-chairman, War Activities for the Canadian Red Cross Society, presided and in her opening remarks explained that during the last war a committee representing nationally organized societies met from time to time to confer with the Red Cross regarding women's work in the war. It was explained that this committee was purely consultative and advisory and had no legislative or executive powers. The meetings of this committee provided opportunity for friendly discussion of plans and policies and was most valuable to the Canadian Red Cross. With this past experience in mind it was thought advisable to call a conference in order to learn if, after six month's experience in war work, the time had arrived to form a similar committee.

The agenda for this preliminary meeting included talks by representatives of the Canadian Red Cross Society: (1) Dr. F. W. Routley, National Commissioner, who recently returned to Canada after spending several months in England; (2) Mrs. W. R. Campbell, O.B.E., Chairman of the Women's War Work Committee; and (3) Mr. Norman Somerville, Chairman of the Central Council and Executive Committee.

These talks included reference to work already done and plans underway for (1) collection and forwarding of supplies overseas and to the port of Halifax where hundreds of sailors belonging to British and French ships had arrived in need of warm clothing, etc.; and (2) the hospital at Taplow and the Beaver Club in London. The Charter of the Canadian Red Cross Society was explained as to peace and war time activities, to supplying comforts to prisoners of war and men on active service as well as to those in hospital.

Before adjournment, it was decided a similar conference should be held two months later.

NIGHTINGALE MEMORIAL FUND

Contributions to the Florence Nightingale Fund have been received from:

British Columbia:

Miss E. Graves, Britannia Beach .. $ 3.00
Graduate Nurses Association, Fernie 10.00
Graduate Nurses Association, Kamloops 15.00
Graduate Nurses Association, Kelowna 5.00
Graduate Nurses Association, Nanaimo 10.00
Overseas Nurses Association, Victoria 3.00

Nova Scotia:

Miss Ann D. Allan, Windsor 2.00
A.A., St. Joseph's Hospital, Glace Bay 10.00
A.A., Victoria General Hospital, Halifax 10.00
Colchester County Branch, Registered Nurses Association of Nova Scotia 10.00
Halifax County Branch, Registered Nurses Association of Nova Scotia 25.00
Pictou County Branch, Registered Nurses Association of Nova Scotia 5.00
School of Nursing, Aberdeen Hospital, New Glasgow 5.00

Ontario:

A.A., Grant Macdonald Training School, Toronto 5.00
A.A., Ontario Hospital, London 5.00
A.A., Toronto East General and Orthopedic Hospital, Toronto 5.00
A.A., Victoria Hospital, London 15.00
District 1, Registered Nurses Association of Ontario 10.00
Staff, Hamilton General Hospital, Hamilton 14.00

THE A.R.N.P.Q. ANNUAL MEETING

Miss E. Frances Upton, Executive Secretary and Registrar, announces that the twentieth annual meeting of the Association of Registered Nurses of the Province of Quebec will be held on May 9 and 10 in Victoria Hall, Westmount. The annual meeting is usually held in mid-winter but, by changing the date to the pleasant month of May, the Association hopes to attract a larger attendance from all parts of the Province. Although full details are not as yet available, an extremely interesting programme is already assured.

Thursday, May 9

Afternoon Session:

2.30 p.m., General Business Session (bilingual).

The evening sessions in English and in French will be held concurrently.

English Session:

8.30 p.m., "Some implications of the Report on the Study of the Distribution of Medical Care and Public Health Services in Canada" — Dr. A. Grant Fleming, Dean, Faculty of Medicine, McGill University.

"The Eight-hour Day for Private Duty Nurses"—Miss Sally Johnson, R. N., Principal of the Training School for Nurses, the Massachusetts General Hospital, Boston, Mass.

French Session:

8.30 p.m., "The Contribution of the Nurse to Society" — Mme Pierre Casgrain, President, French Section, Canadian Welfare Council.

"The function of the Montreal Health Department and the rôle of the Visiting Nurse" — Dr. Adelard Groulx, C.P.H., Director, Department of Health, Montreal.

Friday, May 10

9.30 a.m., General French session to be held at the Hôtel-Dieu de St. Joseph, Montréal. The speakers will be the Rev. Paul Emil Leger, Professor, Institut Pie XI, who will speak on "The complexity of the training of the modern nurse"; and Dr. Albert Jutras, radiologist, Hôtel-Dieu, Montréal, whose topic will be "X-ray and modern medicine", (illustrated by sound films).

The afternoon sessions in English and in French will be held concurrently.

English Session:

2.30 p.m., Symposium — "The Patient needs a Nurse"; representatives from all Sections will participate.

French Session:

2.30 p.m., "The problems of Private Duty and the means of their solution" — Mademoiselle Claire Godbout, R.N., Diploma in Journalism.

"Plans for the Tercentenary celebrations"—Mr. Léon Trepanier, Director Général, Montreal Tercentenary celebrations (1942).

The evening sessions in English and in French will be held concurrently.

English Session:

8.30 p.m., Dr. M. R. Harrower, Ph.D., Lecturer in Clinical Psychology, Montreal Neurological Institute and McGill University, will speak on a topic to be announced later.

Dr. George D. Kilpatrick, D.D., Principal of the United Theological College, will speak on a topic to be announced later.

French Session:

8.30 p.m., "Provincial Public Health" — Dr. Jean Grégoire, C.P.H., Deputy Minister of Health, Quebec Provincial Government.

"Towards the Fountain of Youth, (para-scientific conference on the causes of old age and methods of prevention) — Dr. Antonia Barbeau, Ph.D., titular professor in neurology, University of Montreal; Chief of services for mental and nervous diseases at Hôtel-Dieu; Consultant in neurology, Montreal Neurological Institute.

THE S. R. N. A. ANNUAL MEETING

In anticipation of balmy weather, roads in good condition and a large representation from outlying districts, the twenty-third Annual Convention of the Saskatchewan Registered Nurses Association is to be held at the Saskatchewan Hotel in Regina, the latter part of May. Advance information gives promise of an interesting programme and Saskatchewan nurses are looking forward with much pleasure to welcoming Miss Nettie Fidler of the University of Toronto School of Nursing, as a guest speaker. Miss Fidler's varied experience and recent travels ensure some inspiring sessions.

A supervisory stewardess on the Trans-Canada Air Lines has kindly promised to spend a day at the Convention and to share with those present some of the thrills of flying.

Other interesting events are to be included. Further details regarding the programme and the exact date of the meeting will be announced in the next issue of the *Journal*.

Nurses of Saskatchewan — Plan now to be in Regina in May!

Teacher, Physician, and Friend

On New Year's Day 1940, at the height of his career, Harry Clifton Burgess died — yet he lives and will continue to live in our hearts, the hearts of those who revered him for his exceptional abilities and skills, and who loved him for his innate kindness and loyalty. Thus we cherish a vivid and lasting memory of him who was at once our beloved teacher, kind physician, and loyal friend.

As a teacher (for he taught student nurses for more than thirty years) we remember Dr. Burgess for the brilliance of his lectures, each a classic in its simplicity and adherence to sound facts and principles, and we have since learned well the wisdom of his precepts and the logic of his reasoning. We remember, too, his keen sense of humour and appreciation of the ridiculous — yet, for all the laughter we enjoyed at his lectures, never once did he allow us to forget the seriousness of his text. We remembered what he taught us — and he taught us well. He was, indeed, a brilliant teacher, yet his brilliance was never consciously exhibited, for he possessed, as well, the humility of the truly great.

We remember him for his kindness to us and his loyal support of nurses and nursing in general; he always took an interest in us and in our work and we are deeply grateful. His attitude toward us, whether as undergraduate or graduate nurses, was ever one of confidence and trust and one that inspired us to give of our best in his service. He had the rare and inestimable quality of creating in the patient's mind that same sense of complete confidence in the nurse which characterized his own attitude toward her; in this he proved himself to be a great psychologist, as well as a great physician — he knew the human body and he knew the human mind.

In times of sickness, his kindness to the nurses knew no bounds; he gave freely of his time, talent and skill, never sparing himself, to all who sought his advice — and their numbers are legion. He was our physician — *our* Dr. Burgess.

We mourn him as only those who have loved and served their fellow-men are mourned, but his memory will live in our hearts — the hearts of the nurses.

Obituaries

Jane Margaret Bird, (Maisie Currie) wife of Mr. Frederick George Bird of Calgary, died on March 4, 1940, at the Montreal General Hospital. Mrs. Bird was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1924.

Lillie Ann Morrison died on February 21, 1940. Miss Morrison graduated in 1924 from the School of Nursing of the Nicola Valley General Hospital, Merritt, B. C. For many years she was a valued member of the nursing staff of the Trail-Tadanac Hospital.

Jessie Morrison died on February 26, 1940, at her home in Blues' Mills, Inverness County. Miss Morrison was a graduate of the School of Nursing of the City Hospital, Sydney, Nova Scotia, and her passing is deeply mourned by the members of the nursing profession.

STUDENT NURSES PAGE

Today was the Day!

JANE E. MCLACHLAN

Student Nurse

School of Nursing, Toronto Western Hospital

Last night in the preliminary students' quarters, fresh uniforms, immaculate in their blue and white, hung expectantly, shining shoes acquired an almost unbelievable polish and anxious eyes inspected hose for signs of that last minute "run" which would plunge the wearer into disgrace. There may have been some surreptitious whispering and visiting after "lights out", but did you go calmly to sleep the night before your reception into your School as a Junior Nurse? No longer will the jovial "cardiac" in bed 17 greet you with a "Good-morning, Curly-top", nor the junior interne, looking at your capless head remark loftily — "Send me a nurse, please!" How difficult upon such occasions to maintain professional dignity and equanimity.

The first milestone is reached. Preliminary days are over. Is the glance back just a bit regretful? Arduous days — yes, but not purposeless. No other months of training, perhaps no other months of life will be so crowded with new experiences and adjustments, with laughter and tears, with elation and discouragement, with failure and success. It is with a sense of growth and achievement that we face new responsibilities.

Routine duty loses its monotony when increased efficiency and capability is the reward; discipline is not harsh and unjust when it develops self-control and respect for authority; contact with those we serve, with whom we serve and under whom we serve may have been pleasant and unpleasant, but it has taught us tolerance, patience and sympathy. We have learned to "live with others and like it."

It may have been the candle-lit reception room, the music, the long table with its row of crisp, new caps or the reading by our Principal of Mrs. Rhynas' dedicatory words which struck a new note of responsiveness:

The prize for which you yearn will be won only by your day being replete in worthy application, the laurels won will be through

"Bonnie Western" and her foster mothers.

going the second mile in service, application, tact, grace and dignity — with high purpose and courage ever your guide, abstinence from any habit or act which will not help you carry the seal and sacredness of this high calling to its best heights . . . That magnificent harness of routine which enables us to mould ourselves with the manifold duties, obstacles and requirements with a sublime dignity and efficiency is a priceless master if we but bend to and cheerfully accept the lessons we receive in the path of obedience. Never fear to bring the sublimest motive to the smallest duty and the most infinite comfort to the smallest trouble. In so doing, you will find reward at every turning of the road.

The voice ceased. Our Principal turned toward us and with a smile that seemed especially our own, called on our "Big Sisters" to place on each head the cap which has assumed a new meaning and dignity. It is the symbol of the School, signifying faith in our integrity of purpose. Smiles and congratulations thrilled us, for they are all here this morning — teachers, supervisors and head nurses, remembering the day when they stood where we stand now, as they extended an encouraging hand Now it is our School too!

What do we give? Up to this point, we have been recipients. Now, with excitement running high, we become donors not only of loyalty and obedience but of tangible evidence of our appreciation of and interest in our school. Although not original with us, we adopted the precedent set by a Junior class which wished to leave some permanent gift with their Alma Mater and several valuable reference books were placed in the library. Enthusiasm grew. Small class functions provided part of the funds for a long coveted motion picture camera. Still others resulted in the appearance of a lighted bulletin board and a globe in the library, and placed copies of *The Canadian Nurse* on several floors of the residence.

Now it was our turn! "What can we do?" became the all-important question. Then we learned that when a Mothers' Class was being demonstrated to a group of refresher course nurses, we did not have a baby — that is a practice one. We had to borrow. Now, a borrowed baby may be very sweet, but it isn't like one of your own. It had to be returned. How reluctantly the obstetrical department gave up the infant who was always smiling, didn't try to talk at the same time as the demonstrator and who really didn't care how often it was bathed in one morning — just for practice. Here was our answer!

So, this morning, complete from her shining head to her tiny feet, from the last dainty garment in her layette to the identification beads around her neck, "Bonnie Western" becomes the child of the Toronto Western Hospital with twenty-nine foster mothers to guarantee her well-being. Today was the day!

Victorian Order of Nurses for Canada

Miss Beatrice Creasy, Junior Assistant Superintendent, Victorian Order of Nurses for Canada, recently spent a month in New York with the Metropolitan Life Insurance Company familiarizing herself with the technique for professional reviewing of Metropolitan Life Insurance Company case records. While in New York, Miss Creasy visited the offices of the National Organization for Public Health Nursing and the American Public Health Association.

The following are the staff appointments to, and resignations from, the Victorian Order of Nurses for Canada:

Miss Catharine Maddaford, graduate of the School of Nursing of St. Michael's Hospital, Toronto, and of the course in public health nursing, University of Toronto, has been appointed to the York Township staff.

Miss Luella Harrigan, graduate of the School of Nursing of St. Joseph's Hospital, London, and of the course in Public Health Nursing, University of Western Ontario, has been admitted to the Guelph staff.

Miss Essie Kain, a former Victorian Order nurse, has been re-admitted to the Order and appointed to the staff at Weston, Ontario.

Miss Audrey Price has been transferred from the Timmins branch and is now in charge of the branch at North Vancouver, B. C.

Miss Margaret Anderson has been transferred from the Guelph staff to take charge of the recently organized branch at Campbellton, N. B.

Miss Elizabeth Riddell has been transferred from the Vancouver staff and is now in charge of the recently organized branch at North Vancouver.

Miss Winnifred McQuaid has been transferred from the Halifax staff to the Moncton staff.

Miss Florence Greenaway has been transferred from the Walkerton branch to the position of nurse-in-charge of the branch at Timmins, Ont.

Miss Helen Saunders has been transferred from the York Township staff and is now in charge of the branch at Walkerton, replacing Miss Greenaway.

Miss Mary Gowen has resigned from the North Vancouver branch to be married.

Miss Beulah Fry has resigned from the Weston branch to accept a position as school nurse in Kingston, Ont.

Mrs. MacKinnon (née Wallace) has resigned from the Moncton staff.

Ontario Public Health Nursing Service

In Thorold Township, Welland County, the school sections have united to provide a health service on a township-wide basis. *Miss Adele Elizabeth Rogers* (Toronto General Hospital, and University of Toronto public health nursing course) received the appointment as school nurse and began her work in January.

Mrs. Kathleen Cowie (née Merrett), Hamilton General Hospital, and University of Toronto public health nursing course, was recently appointed by the Board of Freeport Sanatorium, Kitchener, to carry out a tuberculosis nursing programme in the County of Waterloo.

In Teck Township (Kirkland Lake) a fourth member has been added to the nursing staff and *Miss Winifred Walker* (Toronto Western Hospital and University of Toronto public health nursing course) has been promoted to the position of supervising nurse. The new staff member is *Miss Elsie Franks* (Toronto General Hospital and University of Toronto public health nursing

course), formerly with the Victorian Order at New Liskeard.

Mrs. Bertha Waldron Young resigned as public health nurse for Cochrane at the end of the year. She has been succeeded by *Miss Jessie Frazer Smith* (Toronto General Hospital and University of British Columbia public health nursing course).

Miss Ruby Cronk (University of Toronto and Toronto General Hospital four-year course), who has been on the staff of the Stratford Board of Health, resigned in February to accept a position with the Hydro-Electric Power Commission of Ontario at Fraserdale.

Mrs. Sara Verrall, a graduate of the School of Nursing of the Kingston General Hospital and an approved school nurse, has returned to the position she formerly held with the Board of Health, Etobicoke Township (Islington). *Miss Beulah Fry* (Toronto General Hospital, and University of Toronto public health nursing course) has succeeded her on the staff of the Kingston Board of Education.

Miss Matilda Miller, of East York Township Board of Health nursing staff who recently met with an accident, is improving. During her absence, *Mrs. Blanche Gordon* (Toronto Western Hospital, and University of Toronto public health nursing course) is relieving.

Miss Essie Kain (Toronto Western Hospital, and University of Toronto public health nursing course) resigned as public health nurse with the Owen Sound Board of Health in February. She has succeeded Miss Fry, as Victorian Order nurse in Weston.

WANTED

Wanted by the Penticton Hospital Board, a graduate nurse experienced in and holding a certificate for a post-graduate course in surgery.

Apply to:

THE SECRETARY,
Penticton Hospital Board,
Penticton, B. C.

REFRESHER COURSES

The University of Toronto School of Nursing is offering two Refresher Courses from May 13 to 18 inclusive. *Course A* deals with various aspects of hospital social work and the following lecturers will participate: Dr. W. Boyd, Professor S. J. Jaffary, Miss B. M. Finlayson, Mr. J. W. Ketchum, (all of the University of Toronto); Dr. G. H. Agnew, director of the Hospital Division of the Canadian Medical Association. Round table conferences will be conducted by Miss M. K. Kniseley, director, Hospital Social Service, Toronto General Hospital, and Miss E. Fraser, superintendent, Hospital Health Service, Department of Health, Toronto.

Course B deals with administrative problems in public health nursing practice. The following lecturers will participate: Dr. D. V. Currey, Medical Officer of Health, St. Catharines; Miss M. W. Sheahan, director, Division of Public Health Nursing, State of New York; Dr. A. H. Sellers, medical statistician, Ontario Department of Health. Round table conferences will be conducted by Miss E. Moore, Chief Nurse, Ontario Department of Health; Miss E. Cryderman, superintendent, Toronto Branch, Victorian Order of Nurses; Miss E. Hickey, director, Division of Public Health Nursing, Department of Public Health, Toronto.

The registration fee for one course is $5.00, and for the entire week, $8.00. Full particulars may be obtained from the Secretary, School of Nursing, University of Toronto.

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THIS dramatic test will show you how Z.B.T. floats—stays dry and impervious to moisture for an indefinite period. Sprinkle a generous layer of Z.B.T. on water. Even plunging the whole hand through it will not disturb Z.B.T.'s buoyant resistance to moisture. And when removed, your hand will be dry.

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NEWS NOTES

ALBERTA

EDMONTON:

The Edmonton District Number 7 of the Alberta Association of Registered Nurses recently held a meeting with about one hundred members in attendance. The president, Miss Agnes Macleod, was in the chair. The by-laws were discussed and several revisions made. Segt. Major Perkis addressed the group on "Air raids and the Nurse" explaining the action of different gases and method of treatment.

Royal Alexandra Hospital:

At a recent meeting of the Alumnae Association of the Royal Alexandra Hospital plans were made for the banquet in honour of the Graduating Class. The Association donated a sum of money to be used to purchase new equipment for the students' chemistry laboratory. Mrs. Balmer Watt gave us a delightful character study of Father Lacombe, the pioneer priest of Alberta.

LETHBRIDGE:

At a meeting of the Lethbridge Graduate Nurses Association, held recently at the Nursing Mission, it was unanimously agreed that the Association affiliate with the Alberta Association of Registered Nurses and become a district of the Provincial Association.

The Lethbridge Graduate Nurses Association has agreed to work as an auxiliary to do the sewing, supervise supplies necessary for the up-keep of the Lethbridge Military Hospital. The Private Duty Nurses have donated $10.00 from their funds, towards this Red Cross work. Miss Shelton and Mrs. Reid were appointed to oversee the work and Mrs. Perdu volunteered to visit the hospital twice a week.

The L.G.N.A. regrets that both Miss Margaret Doyle and Miss Marie McCartney have been bereaved of their respective fathers. Sympathy is extended to them.

Miss Ann Bourgault has accepted a position on the staff of St. Michael's Hospital. She is a graduate of St. Paul's Hospital, Saskatoon.

Miss Olive Cardwell (Galt Hospital) has accepted a position as office nurse for Dr. Wiens, at Taber, Alta.

Married: Recently, Miss Dorothy Young (Galt Hospital) to Mr. J. D. Wray.

Married: Recently, Miss Marjory D. Palmer (Galt Hospital) to Sergt. Harold Holberton, 20th Anti-Tank Battery, C.A.S.F.

BRITISH COLUMBIA

VANCOUVER:

The Travelling Educational Unit composed of Miss F. H. Walker, and Miss Laura Holland, will tour Vancouver Island during March and visit a number of nursing groups during that week. Plans are being considered for a Refresher Course in "Supervision" to be held at some date to be arranged during the summer of 1940. Examinations for title and certificate of Registered Nurse will be held in four centres on April 16, 17, and 18, 1940.

The Public Health Section of the Registered Nurses Association of British Columbia recently held a dinner at the Hotel Vancouver. The guest speaker was Lawrence E. Ranta, M.D., D.P.H., assistant professor, Department of Bacteriology and Preventive Medicine, University of British Columbia, and research assistant for the Connaught Laboratories (Western Division), who gave a very interesting address on the modern conception of scarlet fever. This full text will appear in an early issue of the *Journal*.

Vancouver Graduate Nurses Association:

At the annual dinner of the Vancouver Graduate Nurses Association the guest speaker was Dr. Howard Spohn who said that if he had any criticism to offer to his own and the nursing profession it would be that the average doctor and nurse paid too little attention to the opportunities of broadening their general education. Dr. Spohn suggested that the lonely hours which all must face as a result of varying personal and family conditions could be made so much happier and friendlier if we had an appreciation of the literature of our own country. He referred to the nurses of the Scandinavian countries who are good nurses and apparently are also good students, as the average nurse spoke two or three languages fluently. He inferred also that they accepted the simpler things of life as did our own pioneer families in Canada. He feared we were becoming accustomed to luxuries and urged that we do not forget what we owe to our forbears who, in this essentially pioneer country, had not only been successful but had handed on much of their experience and tradition to this generation.

NELSON:

The Nelson Graduate Nurses Association, in co-operation with the Women's Hospital

Teammates

in Home Care of the Teeth

THIS NEW EFFICIENT TOOTHBRUSH

The Squibb Angle Toothbrush is easy to handle — adaptable and efficient. It affords greater accessibility in cleaning difficult-to-reach areas.

Two Angles Responsible for GREATER EFFECTIVENESS

The "Mouth-Mirror" Angle brings back molars within easy reach of brush head. Also permits effective brushing of the lingual surface of incisors.

The "Jog" Angle makes it possible to keep the brush head in virtually a horizontal position for cleaning between the teeth.

OTHER FEATURES

Thin metal shank is of special rust-resisting alloy.

High quality natural bristles—three rows, six tufts to a row. Two degrees of stiffness —hard and medium.

Recommend the Squibb Angle Toothbrush. Its exceptional cleansing efficiency will please your patients. It is suited to all types of mouths.

THIS SAFE, EFFECTIVE DENTIFRICE

Squibb Dental Cream provides the essential qualities of a product intended for use by your patients at home to supplement your scientific care. It cleans teeth effectively yet with absolute safety.

Squibb Dental Cream is free from grit, astringents, or other irritating substances. It contains nothing which might be harmful to the teeth, to the mucous membranes of the mouth, or even to the stomach if swallowed. Its content of milk of magnesia is an aid in neutralizing bacterial mouth acids. Patients who prefer powder will enjoy Squibb Tooth Powder. It provides the same scientific advantages as Squibb Dental Cream.

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Manufacturing Chemists to the Medical and Dental Professions Since 1858

Auxiliary, recently held a very enjoyable tea from which $100. was realized for the treasury. A novelty table and a lovely booth were an additional attraction. A musical programme was provided by the Nelson String Orchestra and several vocal numbers which added much to the pleasure of the occasion.

Miss Helen Randal, provincial registrar, was guest speaker at the regular December meeting of the Nelson Graduate Nurses Association. Miss Randal gave a very interesting outline of the nursing activities of the Province and of the Dominion.

Married: Recently, Miss Mary Norma Morrison (St. Paul's Hospital, Vancouver) to Mr. Charles P. Chevalier.

Married: Recently, Miss Blanche F. C. Cornwall (Royal Inland Hospital, Kamloops) to Mr. Raymond Penhale Claydon.

Married: Recently, Miss Pauline Alice Kerr (Vancouver General Hospital) to Mr. Frederick W. Simpson.

Married: Recently, Miss Eileen E. Bond (Vancouver General Hospital) to Mr. George Payne.

Married: Recently, Miss Bonnie C. E. Risa (Vancouver General Hospital) to Mr. Russell Paull.

MANITOBA

BRANDON:

Brandon Graduate Nurses Association:

The Brandon Graduate Nurses Association recently held their monthly meeting with thirty present, and the president, Mrs. D. L. Johnson, in the chair. Gratifying results were reported from a silver tea held at Mrs. Pierce's home, the proceeds of which are to be devoted to a special fund. A committee was named to arrange an item for the annual meeting of the M.A.R.N. to be held in April. The guest speaker, Dr. G. A. Little, gave a very interesting and informative address on advances in psychiatry. Mrs. Pierce thanked the speaker. The doctors' wives were in charge of the social hour.

NEW BRUNSWICK

SAINT JOHN:

A meeting of the Saint John Chapter of the N.B.A.R.N. was held recently with the president, Miss Florence Coleman, as chairman. The resignation of Miss Bernetta Vye as registrar was accepted with regret. Miss Sally Turnbull, convener of the education committee, was assisted by Miss Marion Myers and Miss Thelma Horton in giving a practical demonstration of modern nursing procedure. It was announced that the N.B.A.R.N. is again offering a scholarship for an academic course for nurses registered in this province who have senior matriculation standing. A period of silence was observed in memory of Lord Tweedsmuir.

Married: Recently, Miss Bulah Bartchard (S.J.G.H., 1931) to Mr. Donald McLean Colwell.

Married: Recently, Miss Alberta Doull (S.J.G.H., 1936) to Mr. MacLaren Roberts.

NOVA SCOTIA

HALIFAX:

A recent meeting of the Halifax branch of the R.N.A.N.S. was held at the Children's Hospital with more than eighty nurses in attendance. Following the business session a very interesting address was given by Dr. N. Barrie Coward on "The care of the premature baby". A premature bed, improvised from a paper packing case, and a modern Hess Oxygen Therapy Premature Bed were exhibited following the lecture. The evening ended with a sing-song.

The third quarterly meeting of the Alumnae Association of the Children's Hospital was held recently. Committees were appointed to arrange for a rummage sale and for the re-union which is to be held in June, 1940.

NORTH SYDNEY:

A meeting of the Cape Breton Registered Nurses Association was held recently at the Hamilton Memorial Hospital, North Sydney, with the president, Miss Rhoda F. MacDonald, in the chair. An instructive lecture and demonstration was given by Dr. Meech assisted by two student nurses of the Hamilton Memorial nursing staff. The subject was duodenal depression by use of the Wangensteen apparatus. A splendid report of the Executive Meeting of Nova Scotia Registered Nurses Association held recently in Halifax, was presented by one of the councillors, Miss F. K. Anderson. Arrangements were discussed for the annual meeting which is to be held in Glace Bay in June, 1940. Delicious refreshments were served by the North Sydney nurses.

Miss Helen D. Young recently resigned her position as instructress of nurses at the Sydney City Hospital Training School and has returned to her home in Ontario.

"Us babies depend on YOU!"

Nurse . . . the instructions *you* give to new mothers can mean a great deal to babies. You can do so much good by impressing on mothers the importance of anointing their babies every day with Mennen Antiseptic Oil.

It has been proved that ordinary oils, such as olive and cottonseed oil —and most commercial oils—form a fertile field for bacteria. But Mennen Antiseptic Oil markedly *reduces* the surface bacteria on the skin.

The infant is notably susceptible to skin infections; it lacks resistance to the pyogenic organisms; the defense of its skin against bacterial invasion needs to be fortified. That is the function of Mennen Antiseptic Oil.

The Oil is pleasant to use, does not soil linen (washes out easily), leaves no greasy residue. It is not irritant, is self sterilizing and will not turn rancid. So urge mothers to use Mennen Antiseptic Oil on their babies *every day*.

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Send me free professional samples of Mennen Antiseptic Oil and Mennen Antiseptic Borated Powder.

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ONTARIO

District 1

Sarnia:

District 1, R.N.A.O., recently held its annual meeting at the General Hospital, Sarnia. Miss Doris Shaw of Sarnia presided and sixty-four members were present. The invocation was given by the Rev. Father Phalen of St. Joseph's Parish, and the address of welcome by the Rev. W. R. Adams.

The treasurer's report showed a substantial balance in the bank. Reports of the sections were given and at the close of the session the nurses were guests of the Sarnia General Hospital Alumnae Association at a delightful luncheon.

At the afternoon session, his Worship Mayor Barnes welcomed the nurses and Dr. J. T. Biehn extended the welcome of the medical staff. Dr. F. G. S. Christie gave an interesting talk on recent developments in gynecology and obstetrics, and Miss Jean Cairns explained the nursing care of maternity patients.

Election of officers resulted as follows: Chairman, Miss Lorna Horwood, London; first vice-chairman, Miss Jessie Wilson, St. Thomas; second vice-chairman, Mrs. Constance Salmon, St. Thomas; secretary-treasurer, Miss Louise Steele, London; committee conveners: nurse education, Miss Margaret McPhedran, Sarnia; public health, Mrs. Florence Kennedy, Windsor; private duty, Miss Helen Parnell, Windsor; permanent education, Mrs. Hedley Smith, London; membership, Mrs. Mary Elrick, Sarnia; publications, Mrs. W. O. Soutar, London; enrolment, Mrs. Mary Fenner, Windsor; councillors: Miss Valerie Drope, Windsor; Miss Madalene Baker, London; Miss E. Orr, Chatham; Miss E. Precious, St. Thomas; Miss M. Thompson, Sarnia; Miss D. Williamson, Petrolia.

At the tea hour, the nurses were guests of the Sarnia General Hospital Alumnae Association.

Solos rendered by Mrs. W. G. Gray lent a charming note to the programme. Reports of the resolutions committee were presented by Miss Jessie Wilson.

Districts 2 and 3

Brantford:

A general meeting of Districts 2 and 3 was held at the Brantford General Hospital recently with about one hundred nurses present. Interesting reports were received from the various sections and committees. Miss C. Jackson gave a clever interpretation of various phases of "Nursing Activities". An address by Mr. Ward Simpson on nature study was most instructive and enjoyable. Several delightful musical selections were rendered by pupils of the Institute for the Blind after which a delicious supper was served in the Hospital dining room.

Miss L. Harrigan has been appointed to the Guelph staff of the Victorian Order of Nurses to replace Miss Anderson who has been transferred to New Brunswick.

District 4

Hamilton:

Hamilton General Hospital:

Miss Marnie Bruce of the Dale Community Centre was the guest speaker at a recent meeting of the Hamilton General Hospital Alumnae Association. Her address dealt very capably with the work of the Family Service Bureau, including a few case histories and an outline of the routine of this organization.

The meeting of the Association which was held on March 5 was conducted as a social evening to welcome the sixty-five new members who have joined the Alumnae during the past year. The meeting was well attended.

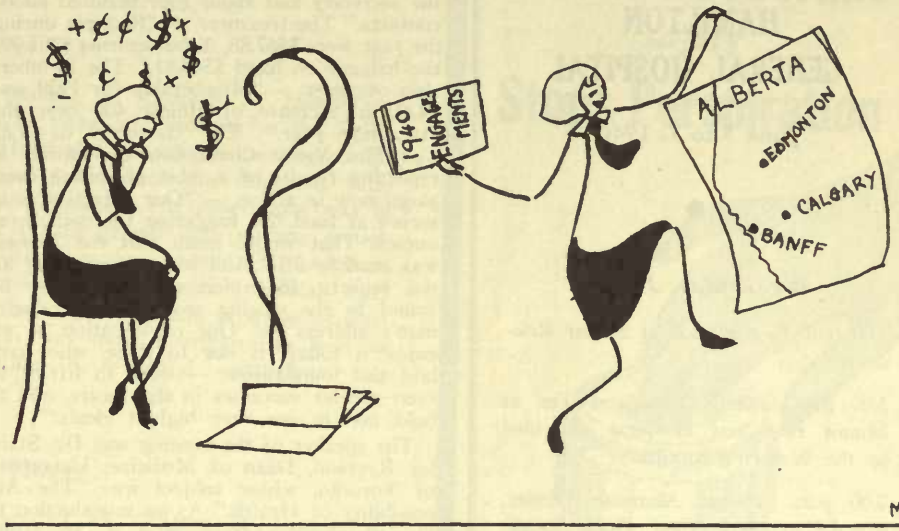
A group of nurses has volunteered to knit field comforts, in co-operation with the Ladies' Auxiliary to the R.C.A.M.C., for the 5th Field Ambulance. This group which has been active only since December last, has already turned in substantial supplies of rifle mitts, half mitts, scarves, wristlets, socks and pullovers to the Auxiliary.

District 5

Toronto:

The spacious solarium of the Toronto Western Hospital was taxed to its capacity recently for the annual meeting of District 5, R.N.A.O. The chairman, Miss Irene Weirs, presided. Progress formed the keynote of the meeting, its theme being clearly interwoven in each and every report presented. Together, they depicted a year of most gratifying achievement. Interesting highlights may be found in the following excerpts: The chairman—"We review the work of this District for the year 1939, again reminding ourselves of our responsibility to the larger nurses' organizations and of the encouraging development and growth within our own group." The secre-

Hurrah, I'm off to Alberta!



Drawing by Mary Willis, student nurse, Class 1941 School of Nursing, Royal Alexandra Hospital, Edmonton

Calling all Alumnae Associations

Plan reunions for those of your members who are attending the Biennial Meeting of the Canadian Nurses Association in Calgary, June 24 to 29.

The time set for University Alumnae Association functions is the luncheon hour on Wednesday, June 26, and for Hospital Alumnae Associations the dinner hour, Wednesday evening, June 26.

When registering, look for a sign "Alumnae Associations". There you will find someone who has full information regarding various places suitable for the function you wish to arrange for your association. There you may also leave messages for your friends.

For further details write to Miss M. S. Fraser, chairman Alumnae Association Committee, Royal Alexandra Hospital, Edmonton, Alberta.

Make the Alumnae Association Corner Your Rendez-vous during the Convention

The Golden Jubilee
of the Training School of the

HAMILTON GENERAL HOSPITAL

June 5 to 7, 1940

●

Wednesday, June 5

1.00 p.m. Registration at Senior Residence.

3.00 p.m. Scenic Drive and Tea at Mount Hamilton Hospital, provided by the Women's Auxiliary.

7.00 p.m. Annual Alumnae Dinner, Royal Connaught Hotel; Guest Speaker: Miss Effie Taylor, President, International Council of Nurses; Dean of Nursing, Yale University.

●

Thursday, June 6

3.00 p.m. Reception and Garden Party — Open House. Board of Governors, Hamilton General Hospital. The evening session will be kept open for individual class reunions.

●

Friday, June 7

3.00 p.m. Graduation, McMaster University.

Speaker: The Hon. Albert Matthews, Lieutenant-Governor of Ontario.

9.00 p.m. Dance, Ball-Room, Royal Connaught Hotel.

tary — "There have been four executive and four general meetings during the year. Announcement of meeting cards sent to members totalled five thousand, seven hundred. Approximately one hundred other items of correspondence were dealt with by the secretary and about four hundred phone contacts." The treasurer — "Receipts during the year were $567.88, disbursements $301.09; the balance on hand $543.81." The membership convener — "Membership for 1939 was 1429, an increase of almost 400 over the preceding year." The convener of *The Canadian Nurse* Circulation Committee, in reporting results of a most promising campaign now in action — "Our objective is to secure at least one magazine for each three nurses. That would mean that the *Journal* was read by all." And so on throughout all the reports, the spirit of which may be found in the closing words of the chairman's address — "Our organization as we enjoy it today, is due to those who have laid the foundations, — ours to lift it to even greater successes in the future, and to hold fast to our very highest ideals."

The speaker of the evening was Dr. Stanley Ryerson, Dean of Medicine, University of Toronto, whose subject was "The Assessibility of Health." As an introduction to Dr. Ryerson's address, Miss A. M. Munn gave a brief outline of the personnel and the function of the Council of Nurse Education of which he is a member.

The officers elected for the coming year were: Chairman, Miss Alberta Bell; first vice-chairman, Miss Jean Mitchell; second vice-chairman, Miss Mabel Sharpe; secretary-treasurer, Mrs. Catherine Challener; committee conveners: public health, Miss Evelyn Van Lane; nursing education, Miss Florence Thomas; private duty, Miss Winnifred Worth; councillors: Miss Elsie Williams, Miss Mabel Wheeler, Miss Gladys Sharpe, Miss Laura Webb, Miss Gwladwen Jones, Miss Kathleen McNamara.

A very pleasant social hour followed the meeting.

Toronto East General Hospital:

Mrs. Ralph Day officially opened a tea held recently in the Nurses Residence by members of the auxiliary for Red Cross work of the Alumnae Association of the Toronto East General and Orthopedic Hospital. The tea tables were presided over by Mrs. J. Y. Ferguson, Mrs. Roy Malyon, Mrs. R. Hewson and Mrs. W. C. Gwins. Members of the auxiliary acted as assistants. The guests were received by Miss Ella McLean, assisted by Miss Ella Campbell,

president of the auxiliary, and Miss Bessie Jackson, social convener. An assortment of knitted articles were on display and a lucky draw was held. The proceeds are in aid of the Red Cross.

District 6

Belleville:

A meeting of Chapter A, District 6, R.N.A.O., was held recently at the Belleville Hospital following the meeting of the Alumnae Association. The chairman, Miss Bertram, presided. The programme was in charge of the private duty nursing section with Miss Lang as convener. Dr. Anderson, a member of the hospital medical staff spoke on the history and progress of surgery. It was most instructive as well as interesting. A delightful social hour followed.

Port Hope:

A meeting of Chapter B, District 6, R.N.A.O., was held recently at the General Hospital. Miss Gibb, who is the vice-president, presided in the absence of Miss Shaw, the president. Seventeen members were present. Mr. T. B. Friend gave a very interesting address on radium. Miss Polson moved a vote of thanks to the speaker. Refreshments were served by Miss Elliott and staff.

Married: Recently, Miss Gertrude Margaret May Blezard (P.H.G.H., 1936) to Mr. George William Ellsworth.

Peterborough:

The meeting of Chapter C, District 6, R.N.A.O., was held recently at St. Joseph's Hospital. Mrs. Rundle presided and ways and means of raising finances were discussed. It was decided that each member come prepared to give fifty cents at the next meeting. Miss L. Stewart was appointed as *The Canadian Nurse* representative. Miss Young was appointed to organize the Red Cross meetings to be held every Thursday night and Miss Rundle, supervisor of supplies. The Alumnae Associations of St. Joseph's and Nicholls Hospitals are to be approached and their help solicited. Twenty dollars will be given by the Chapter each year to cover travelling expenses to the Executive meetings of the District. Two

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Montreal General Hospital Scholarship

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of $300.00 to a member of the Association, to assist her in undertaking, during the Session 1940-41, one of the regular courses given in the School for Graduate Nurses, McGill University, Montreal. The courses offered are: Teaching and Supervision in Schools of Nursing; Administration in Hospitals and Schools of Nursing; Public Health Nursing; Administration and Supervision in Public Health Nursing.

For further information, and the necessary forms, please apply to Miss Mary S. Mathewson, Montreal General Hospital. Completed applications should be returned not later than June 1, 1940.

THE MANITOBA NURSES' CENTRAL DIRECTORY
PHONE 72 151
214 BALMORAL STREET
WINNIPEG, MAN.

interesting case studies were presented by Miss Hollingeworth and Miss Mullen, students of St. Joseph's Hospital. An interesting demonstration of a croup tent and steam apparatus was given. A pleasant social hour followed.

Belleville General Hospital:

A meeting of the Alumnae Association was held recently with the president, Miss M. Fitzgerald, presiding. It was decided to continue the meetings on Tuesday of each week for Red Cross work. Miss Eva Meeks (B.G.H., 1935) is taking a four months post-graduate course in surgery at the University Hospital, Philadelphia. Miss Bessie Soutar (B.G.H., 1924) Victorian Order nurse attended the refresher course in obstetrics recently held at Toronto University.

LINDSAY:

Ross Memorial Hospital:

One of the highlights of the social season in Lindsay took place recently when the Nurses Alumnae of the Ross Memorial Hospital held their annual "at home". Guests were present from many outside points as well as Lindsay. The guests were received by Miss Ethel Reid, superintendent of the Ross Memorial Hospital and honourary president of the Almunae Association, and by Miss Flora Moffat, of Fenelon Falls, president of the Association. The dance proved a great success financially as well as socially.

DISTRICT 7

KINGSTON:

A meeting of the Kingston Chapter, District 7, R.N.A.O., was held recently at Kingston General Hospital. Dr. E. Robertson gave a most interesting talk on midwifery in Scotland. Dr. Robertson came from Scotland last fall to join the staff of Queens University as professor of obstetrics and gynecology.

The Alumnae Association of the School of Nursing, Kingston General Hospital, recently served a delightful supper to its members. Committees were chosen to purchase a silver tea service on which tickets will be sold. The war work committee reported 68 pairs of pyjamas ready for the Red Cross Society. Since the beginning of the war the alumnae members have given one night each week to making supplies for the soldiers.

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Married: Recently, Miss Mary Caroline Bird (K.G.H., 1933) to Mr. Reginald Robinson.

Married: Recently, Miss Emily Davis (K.G.H., 1932) to Mr. Sanford Kyle.

Ontario Hospital:

A delightfully arranged tea was held in the Nurses Residence, Ontario Hospital, in honour of Miss Edith Corkey (O.H., 1933) whose marriage to Mr. Lawrence McAvoy took place recently.

The student nurses recently entertained the graduate nurses at a very successful skating party held in the spacious rink at the hospital. A sing-song, led by the male nurses, closed a very fine evening. The party was under the management of the junior nurses and it was a great success.

Miss Evelyn Henderson has been transferred to the Ontario Hospital, New Toronto. Miss Norah Haley has been transferred from the Ontario Hospital, New Toronto, to the Ontario Hospital, Kingston. Miss Charlotte Rochfort has been trans-

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ferred from the Ontario Hospital, Whitby, to the Ontario Hospital, Kingston.

District 8

Ottawa:

Ottawa General Hospital:

Miss May Landreville was re-elected president of the Alumnae Association of the Ottawa General Hospital when gratifying reports were presented at the annual meeting. The following officers have also been elected to serve during the coming year: Honourary president, Rev. Sister Flavie Domitille; vice-presidents, Miss Alice Proulx and Miss Joan Stock; secretary-treasurer, Miss Lucille Brule; membership, Miss Irene Rogers; councillors: Rev. Sister Flavie, Miss Rose Therien, Miss Jeanne LaRochelle, Miss Audrey Clark, Mrs. A. B. Kavanagh and Miss Marion Prindiville. Representatives are : central registry, Miss Florence Nevins, Miss Lillian Keeney, and Miss M. Landreville; to the D.C.C.A., Miss Frances Lyons; to *The Canadian Nurse*, Miss Joan Mulvihill. Miss Bernadette Legris is the convener of the sick visiting committee.

Miss Yvonne Donegan (O.G.H., 1939) has accepted a position on the staff of the International Nickel Company Hospital at Copper Cliff, Ont.

Miss Claire Lamoureux (O.G.H., 1938) has been appointed to the staff of the Massachusetts General Hospital.

Married: Recently, Miss Eleonore Cossette (O.G.H., 1940) to Captain P. J. Maloney, R.C.A.M.C.

Married: Recently, Miss Jeanne Beaudry (O.G.H., 1938) to Dr. T. A. Breton.

Married: Recently, Miss Norah MacNamara (O.G.H., 1938) to Staff Sargeant Brady Richard Long, R.C.M.S.C.

Married: Recently, Miss Anne Boland to Mr. Ernest Ryan.

Married: Recently, Miss Irene Delorme (O.G.H., 1937) to Sargeant D'Amour, R.C.A.S.C.

District 9

Sudbury:

The Sudbury Chapter, R.N.A.O., recently held a meeting with fourteen members and six non-members present. Rev. Sister Superior spoke briefly on *The Canadian Nurse* and in future an article will be read and discussed at each meeting. The student nurses of St. Joseph's Hospital put on an entertaining skit, entitled "The Capping," under the direction of Miss Riordan.

NORTH BAY:

At a recent meeting of the North Bay Chapter, R.N.A.O., a letter was read from Miss A. McGregor suggesting projects for the educational meetings and discussion from the current nursing magazines. A committee was formed to discuss the articles and assign the subjects for each month.

Miss K. Delong and Miss R. Taylor attended the refresher course in obstetrical nursing at the School of Nursing, University of Toronto.

TIMMINS:

The Timmins Chapter, R.N.A.O., extended an invitation to St. Mary's Nurses Association to be present at their meeting when Miss Jean Thompson, social worker, was the guest speaker.

GRAVENHURST:

Dr. M. B. Wellwood addressed the Gravenhurst Chapter, R.N.A.O., on the subject of deficiency diseases and the value of a high vitamin diet in their treatment. Miss S. Bird reviewed *The Canadian Nurse* stressing the importance of increasing subscriptions.

QUEBEC

Montreal General Hospital:

An historic meeting of the Alumnae Association of the Montreal General Hospital School for Nurses was held in the Residence on Thursday evening, February 22, the fiftieth anniversary of the founding of the School by Miss Livingston. Early in 1939 plans were made to celebrate this event in June 1940 by a reunion of all graduates and by appropriate festivities; but, owing to the present condition of world affairs, it was deemed advisable to cancel those plans and to prepare a special programme for the meeting to be held on February 22, the anniversary of the actual date of the founding of the School.

Over four hundred graduates were present, representing every Graduating Class from 1892 to the present time. The Board of Management of the Hospital was represented by Mr. A. E. Ogilvie, Mr. A. D. Anderson, Col. W. Leggat, and Mr. H. J. Symington. The Medical Board was represented by the chairman, Dr. S. Hanford McKee; the Internes Society of the Mont-

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real General Hospital by Dr. Turcot and Dr. McLennan.

The president of the Alumnae Association, Miss Mary S. Mathewson, presided and in a few well-chosen words welcomed the graduates and the other guests. She paid high tributes to Miss Livingston, the founder of the School; her successor, Miss S. E. Young; and Miss Mabel K. Holt, the present superintendent of nurses. Special mention was also made of the long and valuable service rendered to the Hospital by Miss F. E. Strumm. Miss Mathewson then introduced two student nurses, Miss Margaret Browne, wearing the uniform of 1892, and Miss Eileen Sherlock, wearing the modern uniform of 1940. Several members of the early Graduating Classes were present—among them Miss Jessie McGregor, a member of the Class of 1892. To the great delight of the audience a number of them gave very interesting and amusing accounts of their work in the wards. These included Miss Annie Colquhoun and Mrs. Pearson (Miss Seaton), of the Class of 1892; Miss Henrietta Dunlop of the Class of 1893; Mrs. J. A. Henderson (Miss V. Hersey), of the Class of 1894; Miss G. Colley and Mrs. Dunfield (Miss Lepoidevin), both members of the Class of 1895. Miss Jennie Webster, O.B.E., who was night superintendent for thirty-three years, came from Winnipeg especially for the occasion and received a hearty welcome.

The internes of those early days, now celebrated surgeons and medical men, internationally known, also spoke briefly. Among them were Dr. H. S. Birkett, Dr. F. G. Finley, Dr. W. F. Hamilton, Dr. A. T. Bazin, Dr. C. F. Martin, Dr. A. H. Gordon, Dr. W. G. Turner, Dr. H. D. Hamilton, and Dr. John Spier. They all paid tribute to the work of the various nurses with whom they had come in contact in the early days of the School, and to the high standard set and maintained by these women which is still being carried on by the present nursing staff. Special reference was made to Dr. F. G. Shepherd, who was intimately connected with the progress of the Hospital and instrumental in obtaining the services of Miss Livingston as superintendent of nurses. Great praise was given to the first Operating Room Supervisor, Nurse Alicia Dunn, and to her successor, Miss Nora Tedford, who held this position with conspicuous success for twenty-one years. Dr. C. A. Peters, Dr. C. C. Gurd, and Dr. E. S. Hard-

ing, all of whom were internes in those early days, were also present.

Among the guests were the following: Dr. Maud Abbott; Dr. Lorne Gilday, superintendent of the Western Division; many members of the Medical Board; Miss Edith Rayside, O.B.E., (an honourary member of the Alumnae Association); Mrs. P. Nobbs and Miss D. Shepherd, (daughters of Dr. F. G. Shepherd); Miss Jean S. Wilson, Executive Secretary of the Canadian Nurses Association; Miss Ethel Johns, editor of *The Canadian Nurse*.

After Dr. H. E. MacDermot had shown some very interesting historical lantern slides a delightful reception was held at which the guests had the opportunity of meeting one another and of viewing the very fine historical exhibit.

Great credit is due to Miss Martha Batson who was in charge of the programme for the evening.

—C. M. WATLING

Montreal General Hospital:

Miss F. E. (Beth) Miller has succeeded Miss McDumuough in the M.G.H. Dental Clinic.

Married: Recently, Miss Jean W. Elliott (M.G.H., 1937) to Mr. Keith R. J. Horner.

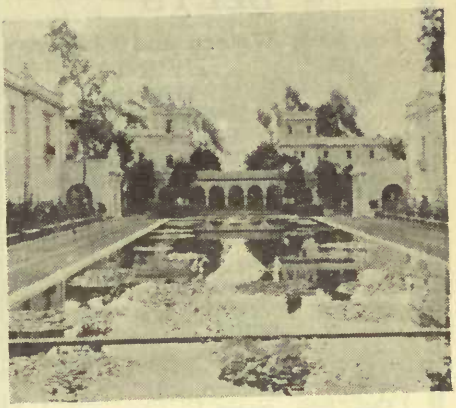
L'Hôpital Notre-Dame:

The annual meeting of the Association of Registered Nurses of Notre-Dame Hospital, was held at the Nurses Residence. After the reading of the reports and adoptions of motions, five new members were elected to the council, in place of Misses Evelyne Gauvin, president; Rose Desrosiers, treasurer; Marie-Josèphe Ouellette, Jeanne Léveillé and Cécile Fréjeau, councillors, who resigned their office.

The members of the new council are: Miss Eva Merizzi, president; Miss Cécile Lamarche, first vice-president; Miss Marie-Anna Beaumont, second vice-president; Miss Marcienne Bazin, secretary; Miss Odette Whissell, corresponding secretary; Miss Pauline Sauriol, associate secretary; Miss Lucienne Courtemanche, treasurer; and Misses Antoinette Denoncourt, Marcelle Gagnon and Gilberte Roy, councillors.

School for Graduate Nurses, McGill University:

Miss Winnifred Cooke (Teaching, 1926) has been appointed in charge of the Teach-



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ing Department of the Ottawa Civic Hospital. Miss Gwenllian Spriggs (Public Health, 1937) has recently been appointed to the Metropolitan Life Insurance Company nursing staff in Fort William. Miss Rosamond Lamb (Teaching and Supervision, 1939) has been appointed assistant superintendent of Nemouras Foundation Hospital, Wilmington, Delaware, U. S. A.

Among recent visitors to the School are: Miss Anna K. Bennett (Teaching and Supervision, 1939) and Miss Laura Lambe (Teaching and Supervision, 1936) who has recently returned from England.

Married: Recently, Mrs. Grace Burton (Teaching and Supervision, 1937) to Lieut. M. R. Dale.

QUEBEC:

Jeffery Hale's Hospital:

At a recent meeting of the Alumnae Association of the Jeffery Hale's Hospital, Miss Macdiarmid, B.H.S., Dietitian of Jeffery Hale's Hospital, gave a very interesting address on diets for different diseases, special mention being made of the change in the diabetic diet being much more palatable and offering a greater variety. Our March meeting brought us another very interesting illustrated lecture by Miss H. Boswell, on the life of Labrador.

SASKATCHEWAN

SASKATOON:

A Refresher Course was held in Saskatoon during March under the convenership of Miss Edith Amas. The programme was varied and was planned to interest nurses in the different fields.

Saskatoon City Hospital:

The graduates of the School of Nursing of the Saskatoon City Hospital recently held an enjoyable membership and guest tea in the Nurses Residence. Musical selections and a short skit, "The Cornfed Baby," composed an enjoyable programme.

Married: Recently, Miss Dorothy May Swan (S.C.H., 1938) to Mr. Andrew Lovick.

Married: Recently, Miss Helen James (S.C.H., 1938) to Mr. Leslie Lobb.

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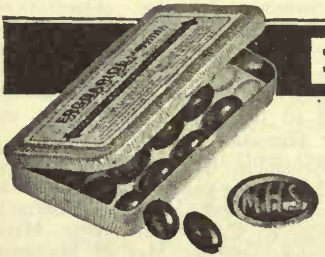

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OVERSEAS NURSING SISTERS ASSOCIATION

Montreal Unit:

The Montreal Unit, Overseas Nursing Sisters Association of Canada, have sent $50. to the Consul-General of Finland in Montreal. This sum is to be given to the Finnish Nurses Association, at Helsinki.

Toronto Unit:

A Welfare Fund was started for the benefit of Nursing Sisters which it is hoped will become an established Trust Fund worthy of building and donations for a most worthwhile cause.

The Toronto Unit of the Overseas Nursing Sisters Association has elected the following to serve on the Executive Committee for the coming year: President, Miss Isabel McEwen; vice-president, Miss Mary Sunley; corresponding secretary, Miss Pearl Morrison; recording secretary, Miss Edith Rogers; treasurer, Miss Edith Whitlam; executive council: Miss Mary Lovering, Miss Marjory Gardner, Miss Alice Grindlay, Mrs. A. P. Hart (N/S K. Creighton), Mrs. James (N/S Helen Drummond), Miss Mary McNaughton, Mrs. Mitchell (N/S Maude Ellis), Mrs. George Sherritt (N/S K. Scott), Mrs. Harry Shields (N/S Cecil Oatman), Mrs. McQueen (N/S "Scottie" Ross).

Vancouver Unit:

The annual meeting of the Vancouver Unit of the Overseas Nursing Sisters Association of Canada was held recently at Shaughnessy Military Hospital, with the president, Mrs. A. W. Hunter, in the chair. Reports showed the outbreak of war to have quickened interest in the Association throughout Canada. Locally the members have been helping in various forms of Red Cross work. Funds raised have been sufficient to provide the members with wool for knitting and to maintain a gift chest at Shaughnessy Hospital.

The following is the list of officers elected for the coming year: President, Miss H. Stark; vice-president, Miss E. Cameron; secretary, Miss K. Panton; treasurer, Miss D. Oliver; social convener, Mrs. H. Hadley; membership, Miss H. Rice; press, Miss E. Lumsden; visiting, Miss M. Duffield; and executive: Miss O. Bentley, Miss M. Steele, and Mrs. D. D. James.

A social hour followed, and a hearty vote of thanks was extended to Dr. T. Bain and Miss Alice Turner for their hospitality.

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

CANADIAN NURSES ASSOCIATION

Officers

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Honourary Treasurer ..... Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

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Alberta: (1) Miss Kate S. Brighty, Administrative Building, Edmonton; (2) Miss J. Davidson, Royal Alexandra Hospital, Edmonton; (3) Miss M. Staley, 18 Arlington Apts., Edmonton; (4) Mrs. M. Tobin, 385-4th St., Medicine Hat.

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New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Camillus of Lellis, Halifax Infirmary, Halifax; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Marie Leblanc, St. Martha's Hospital, Antigonish.

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Prince Edward Island: (1) Miss Ina Gillan, 227 Kent St., Charlottetown; (2) Miss Anna Bennett, 102 Upper Prince St., Charlottetown; (3) Miss Ruth Ross, Summerside; (4) Miss M. Gamble, Albany R.R. No. 1, Tyron.

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Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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Alberta Association of Registered Nurses

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Alumnae Associations

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THE CANADIAN NURSE

Canadian Nurses Association General Meeting
June 24-29, 1940
Calgary, Alberta

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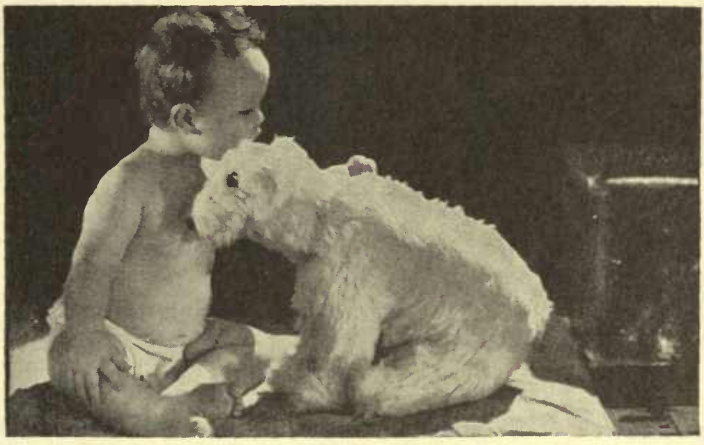

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The
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MAY, 1940

Read Up — and Speak Up

In this and previous issues of the *Journal*, considerable space has been devoted to the forthcoming Biennial Meeting of the Canadian Nurses Association. The nurses of Alberta have told us the inspiring tale of the pioneer days and much has been said about what the West has to offer to the lucky people who are planning their holidays. Now perhaps a word should be spoken about the purpose of the Biennial Meeting and the responsibilities of those who take part in it.

By the time these words appear in print, most of the official delegates will have been chosen by their respective organizations. It is both an honour and a privilege to receive such an appointment and the nurses thus designated should, and doubtless will, take their duties seriously.

To begin with, all delegates should be thoroughly well informed concerning the various topics which are to be debated upon so that they themselves may take an active part in discussion. The tentative programme, which appeared in the April issue of the *Journal*, covers a great deal of ground. It might be helpful if each delegate were to examine it carefully and to ask herself how much she really knows about the problems which await solution. Above all, she should be conversant with the policies and activities of her Provincial Association. She will thus be in a position to judge whether or not her own Association measures up to the standard of achievement attained elsewhere. Every Province has something to teach — and something to learn.

The Canadian Nurses Association has already established an enviable reputation so far as its official deliberations are concerned. The reports are well prepared, brief and to the point. Discussion is frank, lively, and courteous. Too often, however, valuable

time is wasted because speakers who really have a worthwhile contribution to make, are quite inaudible. In spite of the kindly admonitions of the presiding officer, they steadfastly refuse either to come forward, or to face the audience. Nothing will persuade them to follow the simple rule which governs all public speaking — "Keep your chin up, and address your remarks to the persons sitting at the back of the room". While all this may be charitably attributed to modesty, it is nevertheless a graceless failure to live up to the accepted rules which must govern any debate if it is to be fruitful and stimulating.

It is highly desirable that the privilege of debate should not be confined to official delegates. Many excellent spontaneous contributions come from the floor of the house. As a rule, these speakers are able to make themselves heard and do ask pertinent questions. But not always. Sometimes, an earnest soul who neither attends meetings nor reads the *Journal* asks for detailed information on subjects with which the audience is perfectly familiar. Precious minutes are lost before it dawns upon her that she has not done her homework and she subsides in confusion.

Do not let the fact that you are a young nurse deter you from expressing your opinions. The Canadian Nurses Association is a thoroughly democratic organization. Within its ranks there is room for nurses from every province in the Dominion — literally from sea to sea. Obviously there will be many differences of opinion which must be reconciled if there is to be unity of purpose. The British way of life is to seek unity by means of understanding. So let us read up — and speak up.

—E.J.

THE LESSER OF TWO EVILS

The *Journal* is indebted to Miss A. M. Munn, director of Nurse Registration in the Province of Ontario, for obtaining permission from Miss Ruth Pecker, Registrar for the General Nursing Council of Scotland, to refer to an episode which occurred in an Edinburgh centre while examinations for nurse registration were being carried on. Here is the story:

The Practical Nursing Examination was in session when suddenly the quiet of the autumn afternoon was shattered by the noise of bombs exploding near the Forth Bridge, and the roar of aeroplanes flying low at terrific speed over the city to the accompaniment of machine guns firing and shrapnel falling.

Examiner: (outwardly calm but nevertheless so startled inwardly that for the moment she had forgotten what question she had asked the candidate). "Nurse, I think there must be an air-raid, there is too much noise for it to be practice. Would you like to take shelter or carry on?"

Candidate: "I'd much rather get this over".

Examination continues according to plan.

To quote from Miss Munn's letter: "Evidently registration examinations are being carried on in accordance with pre-war rules and regulations and a mere air-raid can do nothing to upset the established routine of an Edinburgh classroom. There is something very reassuring about this, is there not?"

Yes, we think there is.

Assessibility of Health

E. Stanley Ryerson, M.D., C.M., F.A.C.S.

Health is a state that exists in living things. It does not occur in non-living things such as a stone, a mineral or a chemical substance, or in a dead plant, animal or person. Living things possess certain features which are characteristic of what we know as life. We do not know what life is but we do know its distinguishing qualities. These can be actually seen on the screen in a moving picture taken through a microscope of the simplest forms of living things consisting of one single cell, such as the amoeba.

A year or so ago I saw in Convocation Hall at the University of Toronto such a moving picture that had been taken by Professor Robert Chambers of New York. It was thrilling to see the circular body of an amoeba about the size of a saucer changing its shape and moving itself along, demonstrating the first characteristic of living things, that of movement. Then it bulged out at one spot on its surface producing a pseudopodium and this touched some material in its vicinity and then gradually this material was taken into the body of the amoeba, where some of it appeared to disintegrate and another part to remain apparent, only to be extruded later through its wall to its former location. Thus was shown the second characteristic of life—metabolism; that is the power of taking in material, breaking it down and absorbing its nutritious particles for the maintenance of its life and eliminating the waste products.

As the amoeba moved about, it appeared to be drawn towards some objects in the media and to withdraw from others. It seemed to possess a sense of feeling so that it responded to stimuli, or, in other words, to have a most elementary sense of consciousness of things in its environment, the responding to which is the third characteristic of life. The fourth characteristic is its power of reproducing other similar organisms. The amoeba in the picture showed some changes in its nucleus which continued until division into two segments took place, following which the whole cell protoplasm split apart and two new amoebae were to be seen. The experience of observing the processes of life in this minute microscopic body was most illuminating.

Other types of single-celled organisms in which life activities have been seen under the microscope are the leucocyte, bacteria and living body cells.

The life and state of existence of each living organism depends upon the forebears from which it has arisen, that is upon its heredity, and upon the environment with which it comes in contact during its life-time. An amoeba, for example, that arises from a high quality organism, a streptococcus that grows from a virulent strain of predecessors, a seed that is produced by a fine grade of plant, will all show evidence of the good quality of their origin and will in consequence have a structure of high standard and functions that perform efficiently, provided its life is lived in a satisfactory environment.

Environmental factors consist of such conditions as air, light, water, temperature, food availability, opportunities for functional activities and conflict with enemies or diseases. As the result of the effect of its heredity and environment, the state of the life that an amoeba lives will be affected as far as the quality of

its structure is concerned and the efficiency with which its various functions are carried out. From a study of the quality of its structure and the efficiency of its functions and the harmonious manner in which these cooperate with one another, one can assess the degree of health of this particular amoeba.

The degree of healthiness of any living organism varies from birth to death, depending upon conditions within itself and the environment in which it is placed. If the quality of its structure is of a high degree of excellence and if each of its functions is being performed with great efficiency and they are working harmoniously with one another, then the organism as a whole can be said to be in a perfect state of health. If the contrary conditions are present, obviously either its state of health is very poor or its condition may be due to the presence of disease.

If the health of an organism is of such a nature that its degree can be assessed, then it must be a positive state of an organism. The failure to realize the truth of this fact has resulted in health being conceived of as a negative state, namely, a freedom from or an absence of disease. It is of the greatest importance that the positiveness of health should be recognized because the common practice of assuming it to be a negative condition has caused too great indifference towards efforts to investigate the factors concerned with either the preservation or the improvement of health in human beings. It is hard to become curious about an absence of disease in a person, or interested in studying a vacuum.

This attitude toward health in the medical profession explains in a measure the slowness with which disease prevention has permeated into medical practice. The idea that the better the health of a person can be made, the less likely is the person to be affected by disease, has yet to become recognized as a guiding principle either in the practice of medicine or in the education of the public. The maintenance of good health is the best means of preventing disease. The comprehension of the fundamental factors involved in this state, known as health, in a single-celled organism, such as the amoeba or a leucocyte, is possible for any person of ordinary intelligence, but the understanding of the innumerable factors involved in such a complex multicelled organism as a human being is a matter of the greatest difficulty. Only by its study and investigation by scientifically trained minds will its problems be solved.

Those engaged in the fields of agriculture, horticulture and animal science have discovered that, by scientific study and practical experiments, the quality of the health of crops, plants and domestic animals can be influenced for good or for bad. The importance of selecting seeds for crops and plants that are of a high standard in order to produce the best plants is now realized by farmers and gardeners. The part that the nature of the soil, the location, the use of cultivation, weeding, thinning, pruning, spacing and spraying, play in obtaining better products, is known and practised.

Among the recent experimental methods of growing vegetables is that of "water-culture" in which seeds are planted in a two-inch seed bed on fine meshed wire stretched over shallow boxes; this is kept moist with water containing the necessary chemicals for their growth. As the plants grow, their roots grow down into the nutrient solution and their stalks grow upwards. Both more prolific and better quality vegetables have been produced by this method. Similarly in the animal kingdom,

the quality of chickens has been raised to a high standard by the hatching of eggs from pedigreed hens. Different methods of feeding and caring for the chickens are used according to whether the mature birds are to be used for egg-laying or for eating purposes.

Improvements in the quality of domestic stock have resulted from crossing pedigreed stock and by proper attention to their growth and development. Exhibitions and competitions are held to stimulate the production of better animals. Strange to say, the judges of horses, cows, dogs, etc. at these shows are men who have learned from practical experience the standards upon which the quality of the structure and the efficiency of the performance of the animals can be based. The judges are rarely veterinary surgeons who have been educated to detect and treat sick animals.

The raising of the standards of quality and performance, that is the health of crops, plants and animals, has been accomplished by scientific studies and experiments into their growth and development and the results obtained have more than justified the work, the time and the thought of the men who have given their lives to it.

Man is a living organism, a member of the animal kingdom. He begins from a single fertilized cell and his life-range extends through the periods of intra-uterine life, infancy, childhood, adolescence, manhood and old age. His body is composed of an innumerable number of living cells, each one of which is growing, metabolizing, reproducing and dying. Life exists in each cell and in the body as a whole. Inherited characteristics are frequently present in facial resemblance, colour of hair, the duration of life and the degree of healthiness. Environmental factors, physical, chemical, nutritional, mental and emotional, have an influence upon his body and its functions, causing it to keep constantly adjusting itself to variations in temperature, in food, in social and in many other environmental conditions.

The existence of what we know as "life" in man and his structures is responsible for the constant replacement of the cells and tissues and organs as they wear out. Many people do not know that they get an entirely new crop of hair every two to four years, of new eye-lashes every three to five months, and new nails every three to six months. Not only is the skin continuously shedding itself and being replaced by a new one, but this same process is going on in all the tissues of the body.

It is because of the characteristic of life of reproduction, that wounds, produced accidentally or by operation, heal; that fractures unite; that the lungs damaged by disease heal. The rate at which a man's body heals itself varies with his age, being most rapid in childhood and becoming progressively slower as age increases. The curious feature of this power of healing by the reproduction of new cells is that it stops when the damage is repaired. In this way, it differs from the growth of new cells that takes place in cancer, when the cells go on multiplying and increasing to such an extent that they overwhelm and destroy the healthy cells and structures in their vicinity. In cancer, as the cells go wild and ultimately cause the death of the person, they have been called "bolshevist" cells.

When all structures of the body are of good quality and performing their functions efficiently and harmoniously with one another, then it may be said that the state of existence known as health is present. Health is a positive individual personal condition and the responsibility for preserving it must be

assumed by each one of us. In the last World War, medical officers were called upon to classify the soldiers in different categories in accordance with their degree of fitness for various grades of military service. *Category A* men were those fit for front line service; *Category B* were fit for service in the field behind the line and on the lines of communication; *Category C* for service in the home country; and *Category D* were those in hospital and unfit for any service.

Such a classification might be applied to people generally on the basis of their degree of health in relation to the kind of life they have to live. Nurses, for example, might on examination be divided into the following categories:

Category A.; those fit for nursing duties under any and all conditions. Their condition is such that they can stand up under any and every kind of stress and strain.

Category B.; those fit for nursing duties under ordinary conditions, but apt to break down when subjected to prolongation of hours of duty or to the care of especially difficult cases or to any exceptional conditions.

Category C.; those fit for nursing duties under limited conditions such as occur on certain wards with a small number of not very sick patients or when the hours of duty are short and rest periods frequent or in a convalescent ward or hospital.

When a nurse becomes unfit to perform any nursing duties, her inability to do so may be due either to a loss of health, D(1), or to the beginning of some actual disease, D(2), the diagnosis between which may be a most difficult one.

D(1); *Loss of health*: A nurse may become so physically fatigued from the nature of her work or from long hours of duty that she is unable to carry on; or she may lose her strength and weight from disturbed nutrition; or she may have worry and anxiety over seriously ill patients or find it impossible to keep up with her academic studies, or with the constant daily tension she is under, and in consequence be unfit for duty. The cause of her condition is a loss of health and not the presence of any disease. A period of rest or holidays, or the building up of her weight by suitable diet, or the provision of diversion from nervous worries, will frequently restore her sense of well being and enable her to resume her duties.

D(2); *Beginnings of disease*: The beginnings of certain diseases may show themselves by the same indefinite symptoms as loss of health and the diagnosis as to whether a nurse is suffering from a loss of health or the beginning of a disease is, at times, a most difficult one to make. For example, the early changes that occur in tuberculosis are those of loss of strength and pep, increasing tiredness, loss of appetite, and loss of weight. It is at this stage that the early detection of a lesion in the apex of the lung is of the greatest importance. The only person who is capable of making such a diagnosis is a doctor and he can only do so after a most thorough and careful examination. Instead of consulting a doctor, the nurse herself may ask for a short rest or holiday and return to duty only to have the condition recur in a more advanced stage. The responsibility for attempting to make a diagnosis in such circumstances should be undertaken by a doctor and by no one else.

E., A state of actual disease: Obviously when a definite disease exists, the nurse is under medical care and the diagnosis usually clear cut, and the appropriate treatment is given.

F., A state of convalescence: Having recovered from some disease, the nurse passes through a period in which she regains her strength, weight and health. The findings in this state are very similar to those found in the stage of loss of health.

The procedure to be followed in determining in which category a nurse is and the method used in ascertaining the fitness of a woman to begin a nursing course in a hospital are essentially the same. The doctor first takes a history of the individual, especially as to the different diseases she has had. Too rarely is adequate attention paid to the evidences of the good health she has enjoyed. In the examination of the person, a search is made for any indications of disease or of its after-effects in all her organs and structures, the assumption being made that health exists if no disease changes can be discovered. Health is thought of as freedom from disease, a negative state, rather than as one possessing definite positive characteristics. When a nurse is in training, although every effort is made to prevent her from contracting diseases by inoculation, immunization, etc., the importance of care in maintaining and improving the degree of health she has by every means possible receives too little consideration.

That health is a positive state, that it has certain measurable characteristics and that these can be assessed in the individual person is beginning to be realized. A few outstanding examples of scientific studies being undertaken for the purpose of establishing standards in health indicate that these principles are being recognized. A study of one hundred babies was begun about five or six years ago by the Child Research Council, consisting of twenty doctors and scientists, at the University of Colorado, in Denver. These babies have been examined every three months by every known clinical and laboratory method and much interesting data has already been published by Dr. Alfred H. Washburn, the director. The study is to continue until the children reach maturity. At the Pioneer Health Centre at Peckham, London, England, an investigation has been in progress since 1926, into the health of people of the lower middle class level. Examinations are made, on joining the Centre, of the members of families, no single individuals being eligible. The determination of the degree of health is the object of the examination, advice as to the restoration of deficiencies in health being given, but if disease is discovered, the person is sent to his own doctor or to a hospital for treatment.

At Harvard University, young men of university age are being examined for the purpose of replacing current suppositions by a body of facts. The study is being focused on the total constitution and personality of the student in an endeavour to discover the forces that lead to the attainment of health and success in his future life. The University Health Services at the University of Minnesota and a number of other universities are investigating the standards of health from all standpoints in men and women of young adult life.

The realization that health is a positive state of a person will necessitate changes being made in the education of the doctor, the public and the nurse. Instead of providing a knowledge of a subject, anatomy or physiology or psychology, the objective of the early part

of the nursing course will be to give the probationers an understanding of the healthy individual from the standpoint of the structures that form the body and the functions performed by them. A knowledge would be required of the human body as a whole, its growth and development and the factors that contribute to the maintenance of health. Having learned the characteristics of the healthy person, she should then be capable of recognizing the signs and symptoms of disease in the sick person.

A knowledge of health and the healthy person would seem to be the obvious prerequisite to acquiring a knowledge of disease and the sick person.

In the Heart of the Rockies

NANCY LYALL

Little more than half a century ago, when the railway reached this beautiful spot, Donald Smith (Lord Strathcona, as he afterwards became) saw much that reminded him of his home in Banffshire, Scotland, so he called the little settlement nestling in the heart of the mountains, Banff. The Banff Springs Hotel, in its superb setting, is one of the finest in the world. The River View lounge, with a series of views of the valley, invites one to linger and look on what surely must be one of the most beautiful panoramas on this continent. There are sports in this happy valley for every taste. Do you like swimming? The warm sulphur swimming pools are one of the marvels of Banff. The "cave" has been preserved and the "basin" (the original swimming hole) is still there beside the up-to-date swimming pool.

Perhaps you would like to take a canoe and explore the Vermilion Lakes? With luck you may come across a beaver building a dam, or see the magnificent bull moose which frequents these waters to feed on the roots of aquatic plants. Or take the motor boat that makes daily trips up the river and see the towering mountains from a new angle. Your favourite pastime may be golf; here on the "mile high" course you will find sport fit for a king. Tennis and out-door badminton are also available. Horses can be hired and the pleasure of riding by a mountain stream, or through shady woods with beautiful vistas of the mountains cannot be described.

If you are a "hiker", imagine the enjoyment of starting out after a hearty breakfast, feet shod in sensible shoes, rucksack on back with lunch and camera, to walk with congenial companions up Sulphur Mountain. Besides the marvellous view from the top, you may see a family of mountain sheep; in fact the bolder ones may insist on sharing your lunch. A dip in the Upper Hot Springs swimming pool on the way down to take the "kinks" out, and home to a well earned rest and chat round the

Photo by Mrs. C. Coleman

Mountain Sheep by the Wayside

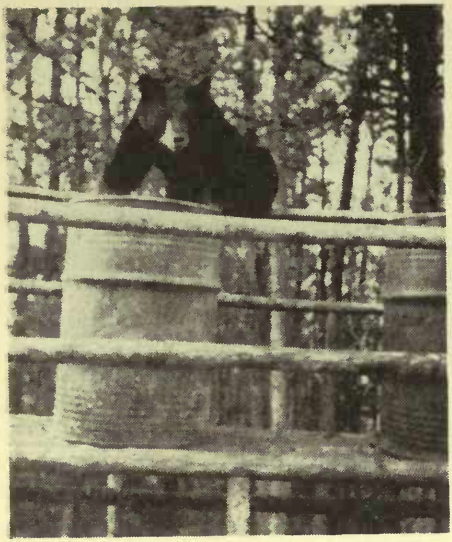
open fire, makes a well nigh perfect day.

Here you can get into fine condition for rock climbing and Mt. Louis, one of the finest climbs in the Rockies, awaits the experienced mountaineer. The motorist has a choice of beauty spots which is almost bewildering. Lake Minnewanka, which looks like a Scottish loch; Johnson's Canyon, awe-inspiring in its beauty; incomparable Lake Louise backed by Victoria Glacier; Moraine Lake, with its beautiful colouring and majestic peaks. Emerald Lake, like the jewel of that name, is guarded by the everlasting hills.

The botanist will rejoice in the pageant of flowers. The purple calypso and avalanche lily come up through the snow, followed by the butterwort and wintergreen and many of the orchid family, some of them so small that the finding of them is an adventure. The slopes are bright with Indian paint brush; vetch and the bunch-berry make a gay summer carpet in the woods with promise of red berries and tinted leaves to make an autumn walk a joy.

The bird lover will not be disappointed. The soaring eagle, the busy woodpecker, the bold jay, and the dainty humming bird are only the highlights. The wild animals, secure in the knowledge that they are protected, will make your outings most interesting. Mountain sheep, poised on a grey rock by the wayside, like a group of fine statuary, will remain an unforgettable picture. A stately elk, head thrown proudly back, or a soft-eyed mule deer looking out from the edge of the forest is a frequent sight. The brown bear is often seen and his antics are most amusing.

If you come tired and weary from the rush and noise of a big city, you will find a healing peace here. Beside a zig-zag path, through green woods with sunlight dappling the soft moss and past rocks patterned by coloured lichens till they look like a fine mosaic, the columbine and the purple clematis make the hillside a thing of beauty, and squirrels



Anticipation!

Realization!

Photographs by Miss M. P. Hendrie

chatter and scold at the intrusion on their privacy.

The Bow River, a deep blue, winds through green woods, dividing to make an island, which looks like a dark ship. At the extreme right the Spray River's tumbling waters join the Bow to become part of that blue symphony. To the left the Vermilion Lakes, a milky jade, gladden the eye and Mt. Edith is seen rising from the valley like a great monolith. Cascade Mountain, which all morning has been a clear cut picture against the sky, has donned a scarf, grey shot with gold, and Mt. Aylmer, with a bank of fleecy clouds winging off from its summit seems to be posing as an active volcano.

The Fairholm Range, which stretches across the Bow valley like a giant backdrop, has opened up in the afternoon sun, and we see peaks and depths quite invisible at high noon. Mt. Rundle, which dominates the right of the picture and looks like a giant wave petrified at its crest, has lost its grey solemn look and seems to be enjoying the play of light and shade on its sober sides. A sudden mountain shower, which is over almost before one realizes it has begun, brings a brilliant rainbow, which stretches across the valley, one foot on Tunnel Mountain and the other on Rundle.

The red roofed building in the near distance surrounded by cabins in the pines, is the Alpine Club House, headquarters of the Alpine Club of Canada and the Mecca of mountaineers from all parts of the world. Superbly situated, the views from its verandahs and windows are beyond description and its simple but dignified rooms and splendid library are very much appreciated by the members and their friends.

Then the evening sky is jewelled with stars, and there is a hint of frost in the air; we see the northern lights playing across the skies like powerful searchlights, — "the heavens declare the glory of God".

A Day's Work in a Rural District

MARJORIE A. RUTHERFORD

This nursing district comprises two townships in one of the oldest counties in the Province of Ontario. There are many interesting and historical spots and many books have been written by a famous author about this County. It is beautiful in summer, with its gentle hills, pleasant woods and sparkling streams and equally so in winter when covered with deep snow.

The district is almost completely rural, with only one town, which has a population of less than 2000, and six small villages. Mixed farming is the chief occupation of the rural people, but many of the farms are small and much of the soil rather poor so that incomes are low. In the town, about 35 per cent are on relief and here too, the economic situation is not good. There are no social welfare agencies in the County. As might be expected in this type of community, many physical defects are found among the people, the majority of which, if cared for at all, must be done at the expense of the municipality. Of necessity, only the most pressing are referred and help is rarely refused.

Today is a glorious bright sunny day in late February, and we must take advantage of this weather because in a few weeks when the roads start to break up, it will be impossible to travel anywhere except on the paved highways. From the end of November to the end of April, the roads are uncertain and no definite work can be planned in the country.

We leave the office at nine o'clock and drive ten miles to a school where an inspection of the fifteen pupils enrolled is given. This includes weighing; measuring; testing of vision and hearing; examination of skin, teeth and throat; and all parts of the body that can be seen without undressing. When this is finished, each child having a defect is discussed with the teacher and notification of all dental defects and any other gross defects is sent to the parent. In this school, there are three pupils absent, two are away for legitimate reasons, the other is reported ill but the teacher has no definite information and a home visit will be made. Seven out of the fifteen need dental attention and one child has defective vision. He is bright and quick at school work, but the teacher notices that lately he cannot see the board and complains of headache; his tonsils also appear abnormal, and in the last year he has had frequent colds.

Before leaving, an inspection of the school building and equipment is made and we note with satisfaction that our suggestions made last year have been followed, a jacket has been placed around the stove; the local Women's Institute is providing paper towels, which completes the facilities for proper hand washing procedure. Now it is noon and as it is much too nice to stay in the school for lunch, we drive down the road and have a picnic in the car. The combination of blue sky, white snow and evergreen trees is startlingly lovely and, with the warm bright sun and the happy chirping of countless sparrows and snowbirds, gives us that "spring feeling" as we enjoy a half-hour or so in the quiet country. A lazy comfortable feeling steals over us — but we must make the most of the day.

This section has been chosen today because of a request from an expectant mother who has been attending a class on home hygiene and care of the sick which is in progress in a nearby village. The last class dealt with maternity and infant care and prenatal care was especially stressed. The members of the class were asked to report any prenatal cases who might wish a nursing visit; at the close of the class this woman asked the nurse to call at her home and this was the day set for the call, with the usual provision if roads and weather permitted.

From our picnic spot, we have about two miles to drive. We cannot take the car up the lane so we walk up the narrow path through the fields. The nurse had requested the patient to keep the dog in today, — they cannot always be trusted as the friends they seem to be. It is the first visit to this house, and entrance is made easier through contact with the patient in the class. Immediately we are impressed with the neatness and attractive setting of the small whitewashed log cabin set snugly among the green fir trees. Long before we reach the house, the patient is at the door with a welcoming smile. The inside is as neat and clean as the outside, with two rooms down and two upstairs. The kitchen is the largest room and of course the one most used. We are shown to the parlor, but prefer the cosy kitchen where the kettle is singing; a big pussy is curled up in the old rocker and everything is so warm and friendly.

The husband is apparently an excellent farmer; they own this small farm and have put it into its present good condition by hard work and thrift. They have lived here four years and are now making a comfortable living. Our patient informs us that she had a baby two years ago but he lived only three weeks, and this coming baby is the first since. She is now four months pregnant but until she attended the home hygiene classes, she did not know the need for prenatal care. Her mother was with her for the last baby and she called the doctor just before the birth; the same procedure was planned for this time, but when she heard of the value of early care and the complications it might prevent, she wanted to know more about it. She admits that last week she "felt queer", her head ached, she was dizzy and in the morning she noticed her ankles were swollen, but these symptoms cleared the next day and she has been fine since. No, she has not seen the doctor, but is going tomorrow with her husband. She will take a specimen of urine and understands this is a routine monthly procedure. As suggested in class, she had her husband read over the chapter on prenatal care. He agreed that she should have an examination as soon as possible and they themselves planned this trip.

Her diet appears adequate. She uses sufficient milk (the cows are all tuberculin tested) and up till now, they have had their own turnips and cabbage, but the store is now reduced to turnips. We explain that by this time next year the new baby will also be on vegetables, and discuss the value of putting in a larger variety, stressing greens, the use of turnip and beet tops, spinach, chard, tomatoes, peas and beans and, for winter storing, carrots, turnips, beets and cabbage.

She has a layette from the last confinement which was inspected and which will be adequate when dresses and slips are opened down the back. She has never made pads nor prepared a baby's tray or basket, so on our next visit we plan to demonstrate

these; in the meantime, she will save all jam jars with screw tops and paint them pink or blue. This is such a friendly happy home it is difficult to leave, but more calls must be made so back to the car and on to see the school child with defective vision and abnormal tonsils.

What a contrast to our last visit! The house is unpainted and the surroundings are barren and untidy. What will our reception be? Our knock is answered by a small cross-eyed child of about four years, who scurries for his mother when he finds a stranger. The kitchen is a medley of rickety furniture, dirty dishes and soiled clothes. The washtub occupies the centre of the floor and the nauseous steam rising from it is almost overpowering. The mother greets us rather sourly, reluctantly dragging herself from the washtub to swish off a chair. She is thin, tired and pale and has the general appearance of discouragement. After having learned the reason for our visit, the poor soul broke down in tears and poured out her story. Her husband died two years ago of pneumonia. She has six childen, the oldest a boy of sixteen and the youngest, a boy of four years. They have been trying to keep the farm going but it is almost too much for them. She has not been feeling very well for the last year, tires easily and has lost a great deal of weight. She tells us the boy we are interested in likes school and does so well she wants him to have as much "learning" as possible, but lately she has noticed him doing his homework with his head almost on the book and he seems tired and his appetite is poor. This has worried her as she has no money for medical attention. No, she does not receive Mothers' Allowance, never heard of it. She has tried to give the children an adequate diet, milk, eggs, vegetables and they have porridge every morning. The children have had no acute illness all winter, for which she is thankful as she has not paid the doctor for his services during her husband's illness. The preschool boy has always had cross eyes and the mother thinks they are getting worse. We assure her we will try to get some assistance and leave for the next call. In the car we make a note to:

1. Call on the family doctor re tonsils and to confirm cause of father's death, and, if indicated, get his consent to have the family examined at the next chest clinic.
2. Discuss with the Township Clerk the advisability of the patient filling in application forms for Mother's Allowance.
3. Make arrangements with the Institute for the Blind to have the school and preschool child examined by an oculist.

Our next call is to a tuberculous case. There is no problem here but as it is unlikely another visit to this district will be made before two months, a check-up is advisable. This patient was in Sanatorium for two years and was discharged two months ago. He is on half-hour exercise twice daily and is a very co-operative and happy patient. We are always sure of a hearty welcome in this home as for months before his admission to San, the nurse made weekly visits to check on his progress and instruct the mother as to his care. Now he knows how to take care of himself and protect others. He has no cough, sputum or temperature and his room was arranged by the nurse before his discharge. He will be in to the Chest Clinic in May when his exercise periods may be increased.

It is now almost four o'clock and a

good time to check on the school absentee who was reported ill. He lives on the next concession — the road is none too good but passable if we are careful. Another long walk up a lane (the lanes are all so long in this district) to be met with a bounding, barking collie. Duty must overcome fear, so bravely on till the door is opened and Laddie is called off. This mother is known to the nurse and a friendly chat ensues. The mother says that the boy has had a bad head cold, eyes and nose running, but no cough. However, as a precaution, she has kept him in bed since Saturday, but has not called the doctor. There is a rise of temperature to 102 degrees. The pulse is fast and there are whitish spots on the inside of the mouth and the back of the throat is quite red. Immediately we think of the possibilities, and urge the mother to call the doctor and to keep the patient isolated, warm, protect his eyes from direct light and to force fluids. We explain that colds are infectious and are often the forerunners of other more serious conditions, and preventative precautions are discussed. We leave with the understanding that we shall call the doctor for a report in the morning.

A day's work done, except for a call at the office to make a complete change of the contents of the bag and to disinfect all equipment, following the last call. Almost back to the highway, we had to pass another car and somehow the front wheel goes a bit too close to the edge and we are stuck; but not for long as everything required for this kind of emergency is carried in the car and with the aid of the shovel, we are soon back on hard road, and the trip is completed without further trouble.

A PRODUCTIVE DEMONSTRATION

For the past five years, a most interesting demonstration in promoting community public health has been carried on in Eastern Ontario. This was known as the Eastern Ontario Health Unit and comprised the Counties of Stormont, Glengarry, Prescott, and Russell. The services rendered under the auspices of the Unit were so outstanding that at the termination of the five-year period the United Counties of Stormont, Dundas and Glengarry decided to carry on for themselves. The estimated budget is thirty thousand dollars, half of which will be provided by the Provincial Government. The approximate population is 90,000.

The staff consists of the medical officer of health, Dr. Murray G. Thomson, three assistant part-time medical officers, a supervisor of nursing, Miss Muriel V. Lowry, and eight staff nurses, of whom Misses Ora A. Lefler, Marjorie A. Rutherford, and Ola M. Dancause were with Miss Lowry in the Eastern Ontario Health Unit. The other staff nurses are Mrs. Muriel Hunter and Miss Glenna French (formerly with the Board of Health of the Town of Cornwall); Miss Marion J. Thompson (Toronto General Hospital, and University of Toronto Public Health Nursing course); Miss Margaret M. MacLachlan (University of Toronto School of Nursing) and Miss Elizabeth Petrie (University of Toronto School of Nursing). The staff also includes three sanitary inspectors and a clerk-statistician. The public health nursing programme will be a generalized one, and the nurses

will live in their respective districts. The Unit headquarters are in Cornwall.

The St. Lawrence Sanatorium, built by the United Counties during the demonstration period of the Eastern Ontario Health Unit, provides resident and clinic service to the area.

The encouraging outcome of this demonstration was due in a very large measure to the excellent work done by the nurses who took part in it. Of them it may truly be said that they "sold" the Health Unit to the community by means of their own capable service. The Division of Child Hygiene and Public Health Nursing of the Department of Health of the Province of Ontario has every reason to be proud of this outstanding achievement. The Department was most fortunate in having at its disposal the services of its Chief Public Health Nurse, Miss Edna L. Moore. Leadership of a very high order is required in experiments of this kind; Miss Moore brought to her responsible task the very qualities of courage, insight, and imagination which were needed to ensure success.

A New Association

The public health nurses of the Division of Public Health Nursing of the Department of Public Health, Toronto, have formed an association of their members to be known as the Public Health Nurses Association of the Department of Public Health, Toronto. The objects of this Association are:

To promote the standards and objectives of public health nursing, especially as they relate to the members' work.

To promote understanding, goodwill and esprit de corps among all the members.

To assist with, and promote staff education.

To assume responsibility for social activities.

To deal as indicated with matters relating to the welfare of the staff members.

Representatives from each of the ten units of the Division constitute the executive officers and committee conveners of the Association. The Executive

Photo by A. D. Skilling
ELVIRA MANNING

Members are: honourary president, Miss Elsie Hickey; President, Miss Elvira Manning; first vice-president, Miss Isabel MacLeod; secretary, Miss Margaret Winfield; treasurer, Miss Evelyne Van Lane; corresponding secretary, Miss Mary Gridley. The conveners of committees are as follows: education committee, Miss Pearl McGinnis; social and courtesy committee, Miss Viola Copp; ways and means committee, Miss Florence Conlin; publicity committee, Miss Marjorie Larkin. The archivists are Miss Frances Brown and Miss Janet Neilson.

This Association should ensure a democratic partnership in the work of the Division of Public Health Nursing and should emphasize the fact that all members of the staff are co-workers united for a common cause, namely, to bring to the community a high standard of public health nursing.

—MARJORIE LARKIN

Reader's Guide

At a meeting of District 5, Registered Nurses Association of Ontario, the members were privileged to hear a strikingly original address, entitled "The Assessibility of Health". The speaker was **Dr. E. Stanley Ryerson,** Assistant Dean, and Secretary of the Faculty of Medicine of the University of Toronto. Dr. Ryerson's conception of health as a positive state has many implications, but the direct application of this guiding principle to the safeguarding of the health of student nurses constitutes a challenge that no school of nursing can safely ignore.

Marjorie A. Rutherford is a member of the Eastern Ontario Unit of the Division of Child Hygiene and Public Health Nursing. After reading "A day's work in a rural district", it is easy to understand why the rural communities of Ontario are willing to support the health program carried on by the provincial Department of Health.

In her official capacity as the charming hostess of the Alpine Club House at Banff, **Mrs. Nancy Lyall** acts as guide, philosopher, and friend to those who come to rest from their labors or to explore new pathways in the heart of the Rockies. If you would like to share the amenities of the Alpine Club House write at once to Miss Eleanor McPhedran, 205-206, I.O.O.F. Building, Calgary, Alberta.

Besides writing a most intriguing article about "A Mountain Holiday", **Miss Jean Davidson** illustrated it by drawing an excellent map, indicating the position of the new highway between Banff and Jasper. Miss Davidson is a member of the staff of the School of Nursing of the Royal Alexandra Hospital, Edmonton.

Notes from the National Office give a summary of the important business transacted by the Executive Committee of the Canadian Nurses Association at a recent meeting. Additional information concerning plans for the Biennial Meeting is also made available.

Reports of the **Annual Meetings of the Provincial Associations** always make good reading. British Columbia and Ontario certainly have reason to be proud of their achievements during the past year.

Nursing Service, R.C.A.M.C., C.A.S.F.

The members of the Nursing Service, especially those who may be proceeding overseas, will appreciate the very kind letter which has been received from Dame Johanna Cruickshank, D.B.E., R.R.C., S.R.N., Matron-in-Chief, on behalf of the war organization of the British Red Cross Association and Order of St. John of Jerusalem, in which she writes:

I hope very much that your nurses will look upon us as a professional headquarters in London, where they will always be welcome. We shall be very pleased to help in matters such as arrangements for hospitality during holiday leave or accommodation for those on sick leave, and also to give any further help you may require.

There are sure to be many occasions when the Canadian Nursing Sisters will gladly avail themselves of the hospitality so graciously offered.

How to Enjoy a Professional Convention

At the request of Miss Margaret Kerr, chairman of the Public Health Section of the Canadian Nurses Association, the following article is reprinted from the February, 1936 issue of "Public Health Nursing". The author is Miss Marie Swanson, supervisor of school nurses, New York State Department of Education.

1. Write to all your friends who might be planning to attend. Make your reservations with them so that you may have the enjoyment of social contacts without having to cut meetings or go long distances to meet the people you want to see.

2. Budget your expenses. Use travelers checks to avoid embarrassment and waste of time in getting personal checks cashed.

3. Pack carefully. Be sure you have all your toilet articles and supplies with you, as much time and energy can be wasted trying to buy a cake of your favorite soap in a strange place.

4. Utilize all reasonable opportunities to meet new people. Cultivate several of the most promising. Begin on the way to the convention.

5. Eat regularly and according to your usual habits. Sleep as much or a little more than usual.

6. Don't try to take in everything offered by the conference. Study the program. If meetings are held in various buildings, use a map to be sure your choices are geographically possible. Often sticking by the group most closely allied to your interests will give you more real satisfaction than you will get if you shop around for famous names.

7. If you haven't made it a practice to take notes, buy a five-cent note-book and begin to cultivate the habit by noting all the funny stories you would like to remember, fastening the printed programs and newspaper clippings of the meetings into the book. Gradually add more and more of the specific things relating directly to your own work which especially interest you. Build up a little library of these note-books and you will find many uses for them.

8. Don't be disappointed if you don't get new facts. (You won't if you keep up on your reading.) Aim rather for the development of new attitudes, new appreciation of values, and a broadening of your human contacts.

9. If you want the conference to stimulate real growth in you, substitute for negative criticism of speakers the question, "What could I have added to that which would have made it better or how could I have changed it to improve it?"

10. When you become exhausted from sitting still listening, renew your vows that school children in your community shall not be subjected to such an "educational method".

11. Read a local paper every day. It will enlarge your appreciation of the community you are visiting, keep you in touch with world events, and furnish you with clippings of the meetings.

12. Capitalize your attendance professionally when you return. Through the account you give your local paper you have a good opportunity to bring before your local public some of the recent trends in your profession.

Obituaries

ELIZA LAMONT BEVERIDGE died on April 6, 1940, in West Vancouver, British Columbia. Miss Beveridge was a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1904. For many years she was the beloved director of the visiting nursing service offered under the auspices of the Margaret Scott Nursing Mission in Winnipeg. Miss Beveridge gave unfailing loyalty, devotion, and skill to the nursing care of the sick poor. Her life was a continuing inspiration to the young nurses who worked under her kindly and wise direction.

A memorial service was arranged, in old St. Andrew's Church, Winnipeg, by the Alumnae Association of the Winnipeg General Hospital. Editorial reference to this tribute was made in the *Winnipeg Free Press* in these words:

> Miss Beveridge's life is a chapter, a shining chapter, in Winnipeg's life, and she who never came forward to press her claims to any recognition, is accorded a place of honour by her profession who know that her record has become a part of their tradition.

MARGARET LECKIE GILLIES, beloved wife of Dr. B. D. Gillies died on March 26, 1940, in Vancouver, B. C. Mrs. Gillies was a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and a member of the Class of 1901.

LILLIE ANNE MORRISON died recently in Vancouver, British Columbia. Miss Morrison was a graduate of the School of Nursing of the Nicola Valley Hospital, in Merritt, B. C. In 1926 she became a member of the nursing staff of the Trail-Tadanac Hospital, and in 1928 was appointed assistant superintendent, a position which (although on leave of absence) she still held at the time of her death.

Miss Morrison was held in high esteem by the members of Trail-Rossland Graduate Nurses Association, an organization which she helped to organize and in which she took an active interest. Her untimely death is sincerely mourned by all her friends and associates.

MARGARET O'SULLIVAN died on March 8, 1940, at her home in Guelph, Ontario. She was a graduate of the School of Nursing of St. Joseph's Hospital, Guelph, and a member of the Class of 1911. Miss O'Sullivan was the first president of St. Joseph's Hospital Alumnae Association and held this office for several years. She was a valued member of the staff of St. Joseph's Hospital for some time and her passing is deeply mourned by the members of the nursing profession.

MARJORIE TREFRY died recently in Truro, Nova Scotia. She was a valued member of the nursing staff of the Dalhousie Public Health Clinic in Halifax and will be sorely missed. Nurses who attended the Biennial Meeting of the Canadian Nurses Association in Halifax will remember with pleasure the nosegays of flowers which were given them by way of greeting. This happy inspiration was Miss Trefry's own. A tribute, paid to her in "Rainbows", expresses the respect and affection in which she was held: "Children who go to the Clinic to be examined for Rainbow Haven each summer grew to know her; and to know her was to love her because Miss Trefry was everything a nurse should be: sweet, gentle, warmly sympathetic, unselfish to a degree, and wonderfully capable. Her gentle influence will remain a fragrant memory in Dalhousie Public Health Clinic where her name is a benediction."

Ontario Public Health Nursing Service

The County of Oxford, acting upon a recent amendment to the Public Health Act of Ontario, has inaugurated a County School Health Service. The amendment passed at the 1940 session of the legislature provides for the employment by and at the expense of County Councils, of public health nurses for school health service, under the direction of the medical officer of health of each municipality. The service began on April 15 and the public health nurses engaged to develop a programme are *Miss Margaret Grieve* (senior nurse), a graduate of the Royal Victoria Hospital, Montreal, and the University of Toronto School of Nursing; and *Miss Sally Stillman,* graduate of St. Michael's Hospital and the University of Toronto School of Nursing. The Health Service Headquarters are in the County Court House, Woodstock.

Miss Marion J. Thompson, public health nurse in Fort Frances for two years, has resigned to accept a position with the newly organized health unit in the Counties of Stormont, Dundas and Glengarry.

Miss Margaret Grieve has resigned from the staff of the York Township public health nursing service to accept the position of senior nurse with the Oxford County School Health Service.

A WORD FROM A REGISTRAR

Miss Taylor's article, published in the February number of *The Canadian Nurse* on the auxiliary worker in the care of the sick, will be of special interest to all registrars. Experience in many centres has shown how true is her statement that "when demands are made upon any professional body and are not satisfied, some other group, lay or professional, is very likely to take the matter in hand." There is a definite place in the community for these workers and it would seem to be the responsibility of the professional registries to supply this demand.

Speaking for conditions pertaining in Manitoba at the Nurses' Central Directory in Winnipeg, seventy practical nurses are registered; their experience ranges from six months hospital training to that of graduates without registration. We consider it much better that we, and not some outside agency, should have some measure of control over this group. A list of home helpers is also kept.

The registered nurses occasionally criticize the Registry for registering practical nurses; they evidently think that it takes cases away from them. However, they themselves will not go into the homes to do the work now being done by the other group for the fees charged by them and which is all many people can afford to pay. In any case, much of this work does not require the skill and knowledge of a registered nurse.

In Winnipeg, as in other centres, too many women calling themselves practical nurses, though without any training whatsoever, are working in the homes. This will continue until we have legislation requiring that all who nurse the sick for hire shall be licensed. This is the only way in which the public can be adequately protected.

We are trying to impress upon the doctors and the public the advisability of calling the Directory when in need of a subsidiary worker, so that we can vouch for their training and experience, thus doing away with the danger of employing the completely untrained woman. The more we succeed in meeting the various demands of the public, the more are we of real service to the community.

—Pearl Brownell,
Registrar,
Manitoba Nurses Central Directory

AT WORK IN WEST CHINA

Word has been received from Miss Dorothy E. Fox, who sailed from Victoria on November 18, that she has arrived safely in Chengtu, West China.

Miss Fox graduated from the School of Nursing of the Toronto General Hospital in 1929, and was president of the Central Registry of Graduate Nurses in Toronto for two years. She also served as president of the private duty group of the Toronto General Hospital Alumnae Association and, at the time of leaving Canada, was chairman of the membership committee of District 5, Registered Nurses Association of Ontario. The need for nurses in China is urgent and we know that the Nurses Association of China will receive the same loyal support from Miss Fox that she gave to professional organizations in her home district.

—Irene Weirs

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Executive Meeting

The Executive Committee of the Canadian Nurses Association met on March 2, 1940, in Vancouver, B. C. Those in attendance were Miss Grace Fairley, President; Misses Cavers, Duffield, Innes, Kerr, Teulon and Sanderson of Vancouver; Miss A. J. Macleod of Edmonton, and the Convener of the Arrangements Committee, Miss Kathleen Connor, of Calgary, Alberta.

The President announced that the First Vice-President, Miss E. L. Smellie, has been appointed as liaison between the Canadian Nurses Association and the Department of National Defence. This arrangement received the cordial approval of the Director General of Medical Services.

The Auditor's Statement for the year 1939 was received. This statement, as well as that for 1938, will be submitted to the General Meeting.

Reports of Study Committees active during 1938-1940 were received and referred to the Provincial Associations for consideration prior to the General Meeting. These studies include (1) proposed incorporation of the Canadian Nurses Association; (2) proposed renaming and re-organization of Sections and (3) proposed appointment of a national field secretary. Also a number of resolutions for presentation at the General Meeting were received and referred to the Provincial Associations.

Arising from reports from three special committees: (1) Florence Nightingale Memorial, (2) Scholarship Award and (3) Exchange of Nurses; the Executive requested these committees to consider the question of bursaries, as proposed by the Scholarship Award Committee, and to submit a joint report with specific recommendations as to the number (if any) of bursaries and the amount to be granted so that, as proposed by the Exchange of Nurses Committee, "the demand for interprovincial exchange and periods of observation may be discussed by the Provincial Associations of Registered Nurses". (A joint meeting of these special committees will be held in Calgary on June 24, 1940.)

Telegrams were read from the convener of the Committee on Eight-hour Duty for Nurses and the Executive Secretary to the Minister of Education in British Columbia, congratulating the British Columbia Legislature on bringing forward a report on hours and working conditions for nurses and expressing the hope that the recommendations in the report will be put into effect at an early date.

Guidance Pamphlet — this pamphlet, prepared by the National Committee on Education, is to be published for distribution to high school girls who wish to enter the nursing field. The distribution of the pamphlet will be through the Provincial Associations.

The Sections, Private Duty and Public Health, reported that summaries

of questionnaires distributed by these Sections will be included in their respective biennial reports for the General Meeting. The Nursing Education Section reported progress and stated that the Instructor's Group, Edmonton, had assumed responsibility for revision of the minimum curriculum in use in schools of nursing in the Province of Alberta.

The reports from the Provincial Associations are briefly summarized:

The Alberta Association of Registered Nurses now have eight District Branches. Five local Graduate Nurses Associations have reorganized as District Branches, while three centres not organized previously have each formed a District Branch. Home Nursing Classes continue satisfactorily, sponsored by the Alberta Association of Registered Nurses and the Alberta Division of the Canadian Red Cross Society.

The Registered Nurses Association of British Columbia arranged for an Educational Travelling Unit to visit the Island of Vancouver early in March. An effort is being made to hold a Summer Refresher Course especially for supervisors, head nurses, etc., in public health nursing and hospital administrative positions.

The Manitoba Association of Registered Nurses upon receiving the Report of the Survey of Schools of Nursing, adopted the following resolution:

> Whereas there is need for a broad programme of public education and need for advice and support from leaders outside the nursing field and need for a special Provincial Committee to define educational policies, it is recommended that a special Provincial Committee on Education be set up to consist of: an administrator of a hospital, a superintendent of nurses, an instructor of nurses, the Superintendent of Education for the Province of Manitoba, a representative from the Senate of the University, a representative from the Local Council of Women, a representative from the Manitoba Hospital Association and a representative from the United Farm Women of Manitoba.

This Committee has been appointed and will be ready to function at an early date.

The New Brunswick Association of Registered Nurses now has ready a new Act of Registration for Nurses for presentation to the Provincial Legislature, passage of which is anticipated during 1940. Also, the by-laws are to be completely revised. The Instructors Committee has prepared a course in Community Health. The co-operation of the Provincial Department of Health will be requested to present the course to student nurses. Adjustments in the course in chemistry have been recommended.

In the *Registered Nurses Association of Nova Scotia* all Committees as well as all Local Branches are active. First-aid courses in several centres are well attended. The annual meeting is to be held in the Y.W.C.A., Glace Bay, N.S., June 6-7, 1940.

In the *Registered Nurses Association of Ontario* intensive study is underway by special committee on the formation and re-organization of Registries. District associations and all standing and special committees are active. Loans from the Permanent Education Fund are being repaid satisfactorily.

The *Registered Nurses Association of Prince Edward Island* has arranged a refresher course in tuberculosis and mental health for June 11-13 in conjunction with the annual meeting in

1940. Until recently this Provincial Association had no occasion to consider the intrusion of the subsidiary worker; the latter is now making some advance in the Province. The Florence Nightingale Memorial Fund of the C.N.A. is to receive the customary annual contribution of $50.

The third series of lectures arranged within the past year by the Private Duty Section of the *Association of Registered Nurses of the Province of Quebec* were well attended. All Sections are active. Two scholarships were offered for the year 1940-41. The annual meeting is to be held in Victoria Hall, Westmount, May 9-10, 1940.

A Refresher Course held by the *Saskatchewan Registered Nurses Association* in March included study of subjects of interest to nurses in all these Sections. The first course of lectures in public health nursing, sponsored by the Provincial Department of Public Health, has been given. This course was made available to students in all schools of nursing.

Syllabus for V.A.D. Training

As reported in these Notes, in February 1940, the sub-committee of a Joint Committee of the St. John Ambulance Association, the Canadian Red Cross Society, the Canadian Medical Association and the Canadian Nurses Association has been appointed to prepare a syllabus for advanced training for V.A.D. work. The sub-committee consists of the following members: Miss E. L. Smellie, convener; Miss Jean Gunn, the Red Cross; Matron Pense, the Military Hospitals; Miss Todd, St. John Ambulance Association; Miss E. Frances Upton, Canadian Nurses Association, and Miss M. Blanche Anderson, secretary.

General Meeting

An outline of the program for the General Meeting which is to held in Calgary, Alberta, June 24-29, 1940, was published in the *Journal* for April. In the same issue there appears information concerning travelling facilities.

Recently the Committee on Arrangements announced tentative plans by the nurses of Alberta for the entertainment of the visiting nurses. These plans include a reception following the evening session on Tuesday, June 25, and on Friday evening, June 28, a garden supper at the Central Alberta Sanatorium, followed by a drive to the renowned Turner Valley.

Miss Margaret Fraser, Royal Alexandra Hospital, Edmonton, will be pleased to receive notice in advance from those who wish to make arrangements for any special social function during convention week. There will be no meeting on Thursday evening, June 27, which has been left free by the programme committee to provide time for reunions of alumnae and other groups.

Nurses who plan to go on to Banff at the close of the General Meeting are reminded that, especially in view of the holiday weekend for July 1, reservations for accommodation should be made as soon as possible. Information on accommodation and rates is published elsewhere in this issue of the *Journal*.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Sister M. Clotilda, St. Joseph's Hospital, Edmonton $1.00

A.A., Calgary General Hospital, Calgary	10.00
A.A., Royal Alexandra Hospital, Edmonton	10.00
Overseas Nursing Sisters' Association, Calgary Branch	5.00
Edmonton General Hospital Staff, Edmonton	5.00
Student and Graduate Staff, Calgary General Hospital, Calgary	23.00
British Columbia:	
Miss D.M. Brewster, Windermere	4.00
Miss Ida Canniff, Bella Coola	1.00
Miss Miles, Abbotsford Health Centre	3.00
General Hospital Students' Council, Vancouver	40.00
Science Girls' Club, Vancouver	10.00
Staff, Shaughnessy Military Hospital, Vancouver	2.00
Staff, Prince Rupert General Hospital, Prince Rupert	10.00
Graduate Nurses Association, South Okanagan	5.00
Ontario:	
A.A., Toronto General Hospital, Toronto	50.00
A.A., St. John's Hospital, Toronto	5.00
A.A., St. Michael's Hospital, Toronto	5.00
Graduate Nurses Association, St. Catharines	5.00
Nurses Registry, Simcoe	5.00

THE S. R. N. A. ANNUAL MEETING

The Saskatchewan Registered Nurses Association meets in Regina on May 28 and 29, with headquarters at the Saskatchewan Hotel. The president, Miss Ann Morton of Weyburn, will preside and the following programme has been arranged:

Tuesday, May 28

Morning Session:

Following registration and the introductory addresses and reports, Miss Nettie Fidler of the Toronto University School of Nursing, will speak on the part that psychiatry plays in nursing. As she has had special experience in this field, we look forward to an able interpretation of this important subject, and welcome Miss Fidler to Saskatchewan.

Afternoon Session:

Under the general title of "Four nurses live for a day", the Private Duty Nurses, the Red Cross Outpost Hospitals, the Department of Public Health, and the Trans-Canada Airways are to be represented. It is hoped that the four nurses will survive the "day", and be prepared to answer questions regarding their interesting activities. Meetings of the Private Duty, Public Health, and Nursing Education Sections will also be held. Special programmes are being arranged by the respective conveners.

Evening Session:

Banquet — The Hon. Dr. Uhrich, Minister of Public Health, has consented to speak. It is also hoped that Miss Fidler will speak on her experiences in the Scandinavian countries which she visited last summer.

WEDNESDAY, MAY 29

Morning Session:

After the reports of special committees have been received and studied, Miss R. M. Simpson, Director of Public Health Nursing Services, will conduct a round table discussion based on questions dealing with all types of professional interests. This is an opportunity to learn that the problems of the harassed hospital administrator, school director, public health or private duty nurse are shared by others, and to seek a possible solution. Members are asked to send questions in advance and to direct them to the Registrar, S.R.N.A., University of Saskatchewan, Saskatoon. A skit will be presented by the *Journal* Committee; this may be an occasion when we shall see ourselves as others see us.

Afternoon Session:

2.00 p.m., Unfinished business.

3.00 p.m., The Rev. Mother Superior of the Regina Grey Nuns Hospital has very kindly issued an invitation to delegates to visit the newly erected Cancer Clinic and to hear something of the work being done there.

In addition to the banquet, social events are to include a luncheon on May 28, given by the Regina General Hospital in honour of the delegates.

Professional exhibits have proved to be an attractive feature, and will be repeated this year. Schools of Nursing and hospitals have been asked to contribute any new device, equipment or project that may be of value; this is the time to share your latest acquisition, or invention. The Public Health Section and other health organizations have promised to provide a most interesting display.

Local arrangements are in charge of Miss A. F. Lawrie of the Regina General Hospital and her committee. Special rates for hotel accommodation are offered. Quotations will be mailed to each member with the notice of meeting.

The Biennial Meeting of the Canadian Nurses Association is to take place this year in June; at this provincial meeting delegates are to be appointed and other important matters discussed. The dates of the Annual Meeting of the Saskatchewan Registered Nurses Association have been arranged especially to accommodate members in outlying districts. It is hoped that many will take advantage of this fact. A cordial welcome awaits *you*.

The R.N.A.O. Annual Meeting

On March 27, 28 and 29, the fifteenth annual meeting of the Registered Nurses Association of Ontario was held at the Chateau Laurier, Ottawa, and the registration indicated the interest in what proved to be an outstanding convention. There were 350 registered, including 57 student nurses as representatives from 35 training schools. Miss Constance E. Brewster, president, opened the first session and the delegates were welcomed by His Worship Mayor Stanley Lewis, and Miss Mary Black, chairman of the District Association.

At the banquet, held on the first

evening, the Association was indeed honoured to have Sir Gerald Campbell, K.C.M.G., High Commissioner for the United Kingdom give an address. This privilege was appreciated. Greetings from the President of the Canadian Nurses Association were extended by Miss Jean S. Wilson, Executive Secretary, whom all were pleased to welcome. Dr. George Hooper represented the Medico-Chirurgical Association of Ottawa and extended greetings.

At the open meeting on Thursday evening, the Association was happy to have two speakers from the neighbouring province of Quebec, one of whom being well known to all nurses in Ontario. Miss Catherine. I. Mackenzie, Principal of the High School for Girls, Montreal, in an address on "Changing Trends in Education", said that the modern trend of education is to develop the individual along lines of his own bent and to make him a happy and useful social being. Miss Marion Lindeburgh, Director, School for Graduate Nurses, McGill University, dealt with the trends and characteristics of professional education in its application to nursing.

On Friday morning the Sections held their business meetings, and following these a demonstration on "co-operative planning in nursing" was presented under the direction of Miss Winnifred Cooke, theoretical instructor, Ottawa Civic Hospital, assisted by members of the staff, both nursing and medical. Great interest in this demonstration was evident from the fact that the convention hall was filled to capacity.

Another demonstration of the keen interest of the nurses was that the hall was again filled to overflowing on Thursday afternoon to hear the report of one of the most active committees, the Committee on the Formation and Reorganization of Registries. This was presented by the convener, Miss Marjorie Buck. Before the presentation of this report an amusing skit, depicting a day in a "Community Nursing Registry", under the direction of Miss Buck made a refreshing break in a busy afternoon.

Excellent reports from the District Associations and the three Sections were presented by their chairmen. The membership committee reported that the membership on December 31, 1939, was 4,704, and that the total to date for 1940 was approximately 4200. The report of the committee in connection with the administration of the Permanent Education Fund showed that during the past three years thirteen loans had been granted to members, two of which had been repaid in full. The response to the request that each member contribute twenty-five cents towards the building up of this Fund during 1940 has been so gratifying that the general meeting passed a recommendation that this be again requested in 1941. A well-prepared report from the Committee studying economic security for nurses was presented, and the general meeting expressed the hope that this information would be available for all members.

A report of great interest to all nurses was presented on the activities of the Council of Nurse Education by Miss Gertrude Bennett, chairman. Another report in which all nurses showed keen interest was that on the religious influence in the life of a nurse. The convener, Miss Rahno M. Beamish, stated that there is indication that considerable progress has been made in some schools in developing a course of instruction along religious

lines to help guide the individual nurse. Continued interest in the Florence Nightingale Memorial Fund was evidenced when the report stated that to date contributions amounting to $586. have been received. *The Canadian Nurse* Circulation Committee report showed that there was an increase of 326 in the subscriptions during the past year. *The Canadian Nurse* exhibit was very original, and some of the work was done by patients of the Royal Ottawa Sanatorium. The committee held a luncheon meeting on Thursday and were pleased that Miss Ethel Johns, editor of the *Journal*, was present. Following the presentation of the committee report, Miss Johns, "editorially speaking", addressed the general meeting. The Provincial Joint Committee, National Enrolment of Nurses, reported that 1,260 nurses are enrolled in Ontario.

The Committee on the Distribution of Nursing Service has been active since 1934, and under the convenership of Miss Isabel MacIntosh, and later of Miss Edna L. Moore, has conducted three surveys. The findings of these surveys were tabulated and, in a comprehensive report, presented to the general meeting in 1937, 1938 and 1940. A fuller report on the work of this committee will appear later in *The Canadian Nurse*.

The Committee to study Placement or Vocational Service had made a study of this question, and the convener, Miss Maude H. Hall, presented a carefully considered summary of the findings. An interim report from the Provincial Committee on History of Nursing with Miss Eleanor Clarke as convener, showed that the nurses were actively engaged in assembling valuable information. The delegates were interested in the report on extension and refresher courses as conducted by the University of Toronto School of Nursing and the Institute of Public Health in connection with the University of Western Ontario.

The Association is indebted to the J. B. Lippincott Company for the loan of a unique exhibit of nurses' caps which they had collected, and to the Ottawa General Hospital for a historical exhibit depicting the early days of that institution. These with other exhibits prepared by the sections, hospitals and student nurses formed a varied and interesting display. The co-operation and support of the firms represented by the commercial exhibits was greatly appreciated by the Association.

Social functions included a swimming party at the Chateau Laurier Pool following the evening meeting on Thursday. The nurses of District 8 entertained the delegates at a delightful tea in the drawing room of the Chateau Laurier on Thursday afternoon. The Board of Directors were entertained at a dinner at the Chelsea Club on March 26.

The Registered Nurses' Association of Ontario appreciates the attendance of Miss Ethel Johns at the annual meetings, and this year welcomes Miss Jean S. Wilson, Executive Secretary, Canadian Nurses Association. It is the sincere wish of the members that the editor of *The Canadian Nurse*, and a representative from the Canadian Nurses Association may be present at future meetings.

The officers for 1940-41 are as follows: President, Miss Jean L. Church, Ottawa; first vice-president, Miss Mildred I. Walker, London; second vice-president, Miss Gladys Sharpe, Toronto; secretary-treasurer, Miss Matilda E. Fitzgerald.

—MATILDA E. FITZGERALD

The R.N.A.B.C. Annual Meeting

The British Columbia Registered Nurses Association held their annual meeting in the Empress Hotel, Victoria, on March 29, and 30, 1940, with the president, Miss Margaret Duffield, in the chair. The session opened with a business meeting of the different Sections: public health, nursing education, and private duty. Miss Florence Innes, as chairman of the Public Health Section, reported a continued expansion, two new districts (Cranbrook and Quesnel) having placed a public health nurse in their respective areas. Miss E. Gerwin gave a report on a study of minimum standards in British Columbia for public health nurses. It was recommended that the name of the public health section be changed to public health and welfare section, in preference to other suggested names.

Miss A. S. Cavers, as chairman of the Nursing Education Section, led a round table on "keeping abreast in nursing education". The papers were excellent. The Private Duty Nursing Section, with Mrs. J. F. Hansom as chairman, discussed the question of "how can private duty nursing be improved socially, economically, and professionally."

At the General Meeting on Friday afternoon the invocation was given by the Rev. Dr. Whiteside, of Victoria. The president's report outlined the activities of the Association during the past year touching on the wartime activities, the work of the Joint Enrolment credentials committee, whose work had to do with the scrutinizing of applications for overseas service; the formation of the Province into districts and chapters; the move to gather material for the History of Nursing in Canada; and the continued effort to secure the eight-hour day for nurses.

The Registrar, Miss Helen Randal, recalled the history of the British Columbia Registered Nurses Association since its inaugural meeting in the crypt of Christ Church, Vancouver, in September, 1912. Her report showed the development of plans for various educational efforts such as refresher courses; travelling educational units; the inducement offered nurses to make up deficiencies of education, where such exists, for Registration in British Columbia; the untiring and continuous efforts to improve and retain the standard of nursing and also a constant effort to improve conditions for nurses.

A number of resolutions emanating from the Executive Committee of the Canadian National Association were discussed, among these being the motion of incorporation of the C.N.A.; the appointment of a national field secretary or an assistant to the Executive Secretary; the renaming of Sections; and matters pertaining to the St. John Ambulance Home Nursing Manual.

The report on membership showed the number of nurses registered in the British Columbia Association during the year ending March 1, 1940, to be 343. Of this number, 232 were by examination from British Columbia Training Schools, and 111 from elsewhere. A very enjoyable tea was held, following the afternoon session.

Dr. Gordon Shrum, of the University of British Columbia, was guest speaker at the evening session, his topic being "Should adults study". Dr. Shrum outlined the work on the Dominion-Provincial Youth Training Programme, which is revolutionizing the life of people in rural districts. The leadership training course is being attended by 92 persons

who return to 52 districts, to lead the training of the youth in their respective communities. Agriculture is the base of education for men, and home economics and handicrafts for women. Dr. Shrum contended that age is no valid reason for not studying, because learning is a life-long process. Following Dr. Shrum's address, Miss Dorothy Shields, who has just returned from New Zealand gave a very interesting picture of her experience as "an Exchange Nurse, in New Zealand".

The Saturday morning session opened with a round table, led by Miss Lyle Creelman, on the place of the public health nurse in the hospital. The papers given and the discussion following were intensely interesting and inspiring. In the afternoon, the reports of the standing committees were given. The report of the Travelling Educational Unit showed that its members had just completed an eight-day tour of Vancouver Island, having contacted 161 nurses in the ten centres visited.

The report of the inspection of training schools showed that the eight-hour day had been in satisfactory operation at St. Eugene's Hospital, Cranbrook, with marked decrease in the time lost through illness. The six-day week and shorter hours, though not in "straight shift", is also in operation at St. Paul's Hospital, Vancouver. Other hospitals are planning to shorten the hours on duty by initiating a six-day week as soon as possible.

The convention was well attended and the sessions were enjoyed and felt to be very worthwhile.

—L. M. DRYSDALE

OVERSEAS NURSING SISTERS ASSOCIATION

At a recent meeting of the National Executive Committee of the Overseas Nursing Sisters Association, the affiliation of two new units was reported — Saint John, N. B., with twenty-five members, and Saskatoon with fourteen members. This brings the unit membership to seventeen, with an approximate personal membership of 650.

A letter from Miss Macdonald, Matron-in-Chief, reported that sittings for her portrait have been commenced, and it is hoped that the portrait will be completed at an early date. Miss Macdonald hopes to be present at the Biennial Meeting in Calgary, and has graciously consented to address the Overseas Nursing Sisters on that occasion.

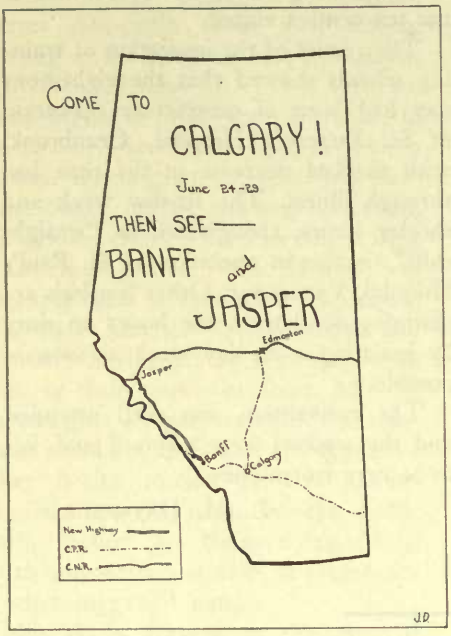
A letter from the Montreal Unit was read, asking for approval and support of their action regarding the relief of Finnish nurses. This was heartily endorsed. Other Units, wishing to contribute to this cause, should write to Mrs. H.L. Currie, 55 Cornwall St., Town of Mount Royal, Montreal, for information regarding the channel through which contributions may be sent.

The arrangements for the Biennial Meeting of the Overseas Nursing Sisters Association are well under way. These include a luncheon at twelve noon at the Palliser Hotel on Wednesday, June 26. The business meeting will follow, and a tea will be given later in the afternoon.

— ELEANOR MCPHEDRAN

A Mountain Holiday

JEAN M. DAVIDSON



The major tourist attraction of 1940 awaits you in the Canadian Rockies. Linking our two great national parks there is a scenic highway, recently completed by the federal government. It is a wide all-weather road extending from Banff to Jasper. Nowhere else in the world, from a motor road, can one witness such grandeur of mountain peak, glacier, and waterfall. The official grand opening of this highway will occur on Dominion Day, July 1, 1940.

Fortunate indeed are those nurses who, after attending the C.N.A. Biennial meeting in Calgary, remain for a week or longer; to leave without at least making the drive would seem utter waste. Undoubtedly some will arrange to enjoy the delights of a mountain holiday previous to the convention thus avoiding the hordes of tourists who arrive later in July.

Within the four thousand square miles of Jasper Park may be found many of the milestones which mark the upbuilding of Western Canada. During 1810 David Thompson, explorer and fur-trader of the North West Company, struggled westward from Fort Edmonton. Curious to see what lay in the regions west of the Rockies he did much exploring and the following winter found Athabasca Pass. Thereafter the Pass was an important part of the main trading route between Hudson's Bay and the Pacific. Through it, twice yearly, passed a brigade of men and ponies laden with furs for England, tobacco for the Indians, and letters for the white man. They travelled by boat and on foot, the journey occupying three and a half months. Yet this brigade was called the "express". Travel now is speedy and delightful, but Thompson on his pioneer journey progressed only eight miles even on good days. The Astoria River winding along within view of Mt. Edith Cavell was named for John Jacob Astor. A rival of Thompson, he attempted to establish a fur trading monopoly throughout the West.

Present day visitors, exploring the mountains, find that civilization has not spoiled the beauty of the park. Rare alpine flowers grow high on the slopes. Pine trees tower by bridle paths and are reflected in lakes of emerald and amethyst. (Actually there are lakes so named). Seated on the bank, one may watch the saucy whiskeyjack, perched at one's foot, waiting the opportunity to swoop off with a stolen sandwich. Bear

cubs display mild curiosity as to the balls on the golf course said to be the most beautiful on the continent. None of the wild life are in cages, but roam about at will friendly and protected.

Here are no night clubs, crowded bathing beaches, nor fashionable salons. Rather, it is nature's wonderland, made accessible through man's ingenuity, to lovers of the woods and streams.

THE CALL OF THE WEST

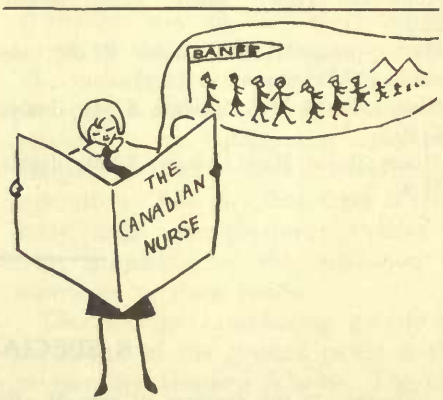
In successive issues of the *Journal* much has been said about the beauty of the West. So that nurses attending the Biennial Meeting of the Canadian Nurses Association in Calgary may plan to take full advantage of their opportunities, the convener of arrangements, Miss K. Connor, has asked Miss Mary Watt to provide the following information for their benefit.

Waterton Lakes National Park: this park is situated in south-western Alberta, and adjoins the Glacier National Park at the international border. It is about 181 miles from Calgary by road. The Greyhound Lines offer a bus service commencing June 15 and while the rates are not available as yet, the excursion rate last year was as low as $5.25 return.

Banff and Lake Louise: Banff is 85 miles west of Calgary and Lake Louise about 40 miles west of Banff. The regular bus rate from Calgary to Banff is $4.50 return, and from Banff to Lake Louise $6.25 return. Special rates for parties can be arranged through the Brewster Transport Company (The Grey Line) at Banff.

The Columbia Icefield: The new highway from Banff National Park to Jasper National Park will be officially opened this summer and should afford the thrill of a lifetime to those coming from afar. The Monden Transportation Company of Calgary and the Grey Line hope to be able to make special trips by cars, holding four or five passengers, at a reasonable rate.

Numerous shorter trips can be made from various points in these parks and from Calgary to such places as the Turner Valley Oilfields. For those driving their own cars, suitable accommodation is available at various points on these routes. The Big Bend Highway from Revelstoke to Golden will be officially opened this year and will permit travel direct to the Pacific Coast through British Columbia without the necessity of



Drawing by Mary Willis

entering the U.S.A. Some of the finest scenery on the American continent is seen on the Big Bend Highway.

For parties of fifteen or more, a discount of 25 percent from the regular tariff is authorized by the Federal Government on all trips in the National Parks. All prices quoted are subject to change as the transportation companies have not completed their schedules for the summer.

Nurses who would like more information concerning rates, etc., should write to Miss Mary Watt, Department of Health, Calgary, Alberta.

Miss Connor has also asked Miss Mary Maclear to suggest that nurses expecting to visit places of interest in the mountains should make reservations as early as possible. *It should be remembered that the rates mentioned below are the minimum only, and that accommodation at this price is necessarily limited.* A list of accommodation and prices follows:

Banff:

Banff Springs Hotel: single, $6.50; double, $10.00.

Cascade Hotel: single, $1.00; double, $2.00.

Homestead Hotel: single, $1.50; double, $2.00.

Hot Springs Hotel: single, $3.00; per week, $17.50 (American plan).

King Edward Hotel: single, $2.00; double, $3.00.

Mount Royal Hotel: single, $2.50; double, $3.00.

Rooms in private houses: single, $1.50; double, $2.00; $10.00 to $12.00 per week.

Becker's Bungalows, accommodating 2 to 4 people, $3.00. Each extra person $1.00 per day.

Lake Louise:

Chateau Lake Louise: single, $6.50; double, $10.00. (European plan).

Deer Lodge: single, $2.50; double, $4.00.

Triangle Inn: single, $2.00; double, $4.00.

Lake Louise Bungalows: per cabin, $2.50.

Waterton Lakes:

Prince of Wales Hotel: single, $8.00; double, $14.00.

Waterton Lakes Hotel: single, $2.00; double, $3.00.

Rooms in private houses: single, $1.50; double, $2.50.

Jasper Park Lodge:

Four-roomed cabins: single, $9.00; double, $15.00; 16 roomed cabins, all single rooms: $8.00 per day.

Miss Isabel Lamont, R.N., wishes to announce that she is prepared to offer a specially arranged tour to California at an advantageous rate. Those who are interested in availing themselves of the opportunity may obtain full details from Miss Isabel Lamont, 1230 — 12th Avenue, West, Calgary, Alta.

A SPECIAL PRIVILEGE

Thanks to the courtesy of two of the members of the Alpine Club of Canada a limited number of guests can be accommodated at the Club House in Banff. Further information may be secured by writing to Miss Eleanor McPhedran, 205-206 I.O.O.F. Building, Calgary, or to Miss M. F. Lavell, 1005-14th Avenue, West, Calgary. To avoid disappointment, reservations should be made immediately.

STUDENT NURSES PAGE

Nursing in the Scandinavian Countries

MARGARET PEARSON

Student Nurse

School of Nursing, Royal Columbian Hospital, New Westminster

My topic, nursing in the Scandinavian countries, deals mainly with Sweden. In the middle ages, nursing was done chiefly by Roman Catholic Sisters, but the work later fell into the hands of lay men and women whose nursing was influenced more by superstition than science. When the Deaconess Movement reached Sweden, a yearly course was given to paying students. Then the Red Cross began a training school which at first offered a four-months course. A two-year term of hospital work, followed by eighteen months of private duty, was installed under Miss Emmy Rappe, a graduate of St. Thomas's Hospital in London. Excellent work was carried out with Miss Rappe at the head of the school. Queen Sophia started a nursing home, with a St. Thomas's graduate in charge, in 1884. The course was three years including different hospitals. The hospitals for the insane are good, and well provided with nurses; one gives a six months course to graduate nurses.

At present, the requirements of the schools are much the same as ours. They give a three-year course to students with matriculation standing. It has been suggested that their matriculation is of a higher standing than ours. Perhaps that is because the pupils are older when they finish.

The hospitals are not elaborate but the standard of work is high. The lack of luxuries reflects directly on the nature of the Swedish people; they meet situations frankly and try to find common-sense solutions. They know they can't afford elaborate hospitals so they manage with simpler ones. There are 100,000 bicycles in place of the automobiles that are too expensive for these frugal folk.

Swedish hospitals have shortened the length of the average stay of patients. The inclusive fee for medical and hospital care is general. These schemes are carried on by independent insurance companies coming under government supervision. The fact that there is relatively little unemployment enables a large proportion of the population to contribute to these funds.

One scheme contributing greatly to the health of the general public is the co-operative Housing Scheme. The object is to provide good housing for the poor. The houses must be equipped with large glass windows, and each flat must have at least one large balcony. This is

a law. Can you picture the slums throughout the world being cleaned up in the same manner? If one country can do it, why can't another, and yet another?

Then there is the consumer's co-operative scheme. This body handles 15 percent of the retail trade of the country and through it the small consumer is protected. There is a strong belief that the vast success of these schemes comes through the understanding of the people; the movement itself educates its members in the underlying principles. Sweden has a high type of universal education, and there is a general spread of cultural qualities through all classes of society. Sweden is a rugged country and, like the country, the inhabitants have acquired a rugged solidity, loving freedom and calmly proud of their long line of peasant ancestry. The great progress in the welfare of the individual is promoted unselfishly by the "Grand Old Man", King Gustav V, whose slogan is "to rule *with* the people *for* the country."

Perhaps the most noticeable quality of these Scandinavian people is their absolute cleanliness. Impetigo and body lice are almost unknown. A fact that has compelled the admiration of the world is the decrease in venereal disease. The universal cleanliness of the people may have something to do with this and also the high respect for the human body that they hold. Another point of interest regarding social health is the fact that the government controls the sale of liquor; no one is served before eleven o'clock in the morning and the law requires that they eat while they drink. Again, the people accept this ruling without question and respect it.

In Norway the schools of nursing were much influenced by Florence Nightingale, and the Red Cross was most active beginning the training of nurses in 1894. Three years training is now the rule and there are about twenty-five schools. The Deaconess Order does good work in hospitals, and elsewhere. The Norwegian Nurses Association was organized in 1912 and has established disability and old age funds, corresponding to Sweden's General Pension Fund for Nurses.

In Denmark, the hospitals are nearly all under government supervision. Deaconess orders are common and, in the high schools, the students are prepared with pre-nursing courses. The standard course is three years although there is a ten-months course for country nurses. The Danish council of Nurses was formed in 1899 and accredits schools reaching the proper standard. They have a vacation fund, a sick-benefit fund, old age pensions, and a burial fund.

As Canadian nurses we salute the nurses of pleasant Denmark, rugged Norway, and progressive Sweden and wish them all good fortune.

THE SUPREME TEST

This article was written and set up in type before the German invasion of Norway and Denmark. For the time being, the enlightened social order in which these nations lived and prospered has been trampled under foot. But the spirit which inspired it remains unbroken and will prevail.

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Book Reviews

TRENDS IN NURSING HISTORY, by Elizabeth Marion Jamieson, B.A., R.N., formerly Director of Nursing, Fabiola Hospital, Oakland, California; and Mary Sewall, B.S., R.N., Instructor in Science of Nursing, San Joaquin General Hospital, School of Nursing, Stockton, California. 570 pages. Illustrated. Published by the W. B. Saunders Company; Canadian agents: McAinsh & Co. Limited, Toronto. Price, $3.50.

The text is divided into three parts. Part I covers the ancient civilizations. Part II is devoted to the middle ages. Part III takes up the modern era, from the Renaissance, on through the Reformation and the dark period of nursing, down to the present time. Teaching aids are numerous, and include a summary, topics for discussion, and references at the end of each chapter.

The aim of this book is to define and interpret past and present trends in the development of nursing and to relate them to the whole process of social growth; emphasis has therefore been placed upon events rather than upon persons. The greater part of the book deals with the pre-Nightingale period and here the authors have achieved a considerable measure of success. The later chapters, which deal with the development of modern nursing, are less satisfactory. Here, the attempt to relate nursing trends to world events leads to a confusion of ideas, possibly because the perspective which time affords is necessarily lacking.

Throughout the book, there are a number of minor errors which, while not important in themselves, should not be found in a volume of this kind. The name of Jane Austen is mis-spelt, and so is that of Queen Alexandra. In a paragraph dealing with Edith Cavell, reference is made to her "unwonted" death, and the name of her native town is given as "Norwick". In future editions, these minor faults will doubtless be corrected. The chief value of the text lies in the early chapters where a really vivid and inspiring impression is given of the mental and spiritual sources from which modern nursing takes its origin.

AN INTRODUCTION TO CHEMICAL SCIENCE, by W. H. Hatcher, M.Sc., Ph.D., F.R.S.C., Professor of Chemistry, McGill University.. 423 pages, including index. Published by John Wiley & Sons, Inc., New York. Distributed in Canada by Renouf Publishing Co., 1433 McGill College Ave., Montreal. Price, $3.00.

The material presented in this book has been accumulated by the author over a period of years during the establishment of a course in chemistry designed for students of branches of learning other than the sciences. It is, therefore, a text-book for those who, although requiring no special knowledge of chemistry for the practice of their profession, wish to include this subject in their general educational program. The subject matter covers a wide range; it is divided into four parts — inorganic chemistry, organic chemistry, food chemistry and industrial chemistry.

This book can be recommended to any nurse who wishes to increase her familiarity with chemistry, without special reference to the applications of this field to her profession. It cannot be regarded as adapted to the special needs of the nurse. It contains much information which has no definite application to nursing practice. On the other hand, in the part of greatest interest to nurses, namely that dealing with food chemistry, the treatment of the subject is not sufficiently detailed or complete. It should be understood that these comments apply to the usefulness of the text to nurses only; they must not be interpreted as an unfavourable criticism of the book when used by those for

whom it was written. Professor Hatcher did not intend that it should be used as a text by nurses or any other group of students to whom a knowledge of certain special aspects of chemistry is essential. He makes this quite clear in the preface in which he states that the course of instruction, on which the book is based, was planned for students whose interests are "economic, historical, literary, philosophical and sociological rather than scientific". The interests of nurses, with respect to chemistry, are usually scientific and related to the many practical applications of chemistry to their profession. However, it may be repeated that any nurse, whose interests are broader than these, will find the book of value.

E. H. Bensley, B.A., M.D.
Junior Assistant, Department of Metabolism, Montreal General Hospital; Lecturer in the School of Nursing

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The Bad Lands

M. Sproule

In one of Calgary's beautiful parks is a remarkable collection of Dinosauria. Millions of years ago, these giant reptiles lived and fought in what were then the tropical swamps of Alberta. Among many other remarkable specimens, is a crested and horned Stegosaurus, as huge in body as the largest elephant. Here, too, were found the carnivorous Ceratosaurus and the duck-billed Dinosaur with its complete coat of plate armour which was a perfect protection against the horned species. Nature equipped these monsters with terrible weapons of attack and defense and man, who arrived on this planet unthinkable ages after all these forms of animal life had perished and had become buried under many feet of earth, seems to have adapted from the armoured Dinosaur ideas which he has utilized in modern mechanized warfare.

A hundred miles east of Calgary, along the Red Deer River, stretch the Bad Lands of Alberta. Here from two hundred to four hundred feet below the prairie level lies the immense cemetery from which these fossilized skeletons have been dug. The ancient river, once mighty in sweep and volume, tore away miles of clay and shale leaving a deep furrow in the earth's crust and revealing a most weird chapter in the world's history. Scientists come here from all parts of the world in order to enrich their museum collections. Of mere tourists not so many—Canadians are of all peoples the most indifferent to the wonders of their own country.

Natural History Park, Calgary
CERATOSAURUS

NEWS NOTES

ALBERTA

EDMONTON:

The Alumnae Association of the School of Nursing of the Royal Alexandra Hospital, Edmonton, held a banquet recently in honour of the graduating class of 1940. A large number of graduates including members of the first graduating class were present to renew acquaintances and to pay homage to the young graduates. Miss Margaret Fraser, superintendent of nurses, addressed the nurses pointing out the individuals' responsibility in affiliating with nursing organizations in the community in which they expect to work and also their responsibility in supporting our national journal, *The Canadian Nurse*. Mrs. C. Melrose dealt with the early history of the training school paying tribute to our superintendents of nurses who have so ably guided the destinies of some 700 nurses, many of whom are now making a real contribution to the nursing world. Mrs. J. E. Thompson welcomed the new graduates into our Association. Miss Marion Clark was in charge of arrangements assisted by Mrs. Philip Baker, Miss Gladys Austin, and Miss Violet Chapman. Miss Kathleen Clarke delighted the audience with several vocal solos accompanied by Miss Edith Oatway. A rousing sing-song brought a most enjoyable evening to a close.

LETHBRIDGE:

A meeting of the Lethbridge Graduate Nurses Association was held recently at St. Michael's Hospital with a large number in attendance. After the reports from the various committees, His Worship Mayor Elton gave a very interesting address following which a pleasant social hour was spent during which the Sisters of St. Michael's Hospital served refreshments.

Among the nurses who attended the convention of the A.A.R.N. were the following: Representative from the private duty section, Miss Stonely and Miss Hunter; from the Province, Miss L. Johnson; from the Graduate Nurses Association, Miss Cheney; from the public health section, Miss McKenzie; from the staff of the Galt Hospital, Miss P. Clarke.

Home nursing classes, under the auspices of the St. John Ambulance Association and spsonsored by the Red Cross Society, are being held at Galt Hospital. These classes are being instructed by Miss Alice Dacre and Miss Phyllis Clarke. The St. John Ambulance Certificate will be given to those completing the course.

Miss J. Topley has resumed her duties at the Galt Hospital as assistant operating room supervisor. Miss Ann McIlvride (St. Paul's Hospital, Saskatoon) has accepted a position on the staff of St. Michael's Hospital. Miss Doris Cotton (Medicine Hat General Hospital) has accepted a position at the Central Sanatorium, Calgary. Miss L. Thornton has accepted a position at the Fernie Hospital, Fernie.

Married: Recently, Miss Mira Larson (Holy Family Hospital, Prince Albert) to Mr. James Woolison.

Married: Recently, Miss Armina L. Ringland (Galt Hospital, 1936) to Mr. John Dickens Leigh.

PONOKA:

The annual meeting of the Ponoka District of the Alberta Association of Registered Nurses, was held recently and was preceded by a dinner at the Driard Hotel, Wetaskiwin. The election of officers took place after a report by the convener of the home nursing classes had been given. Miss F. Gibb was elected as delegate to the annual meeting of the Alberta Association of Registered Nurses.

BRITISH COLUMBIA

VANCOUVER:

Miss Dorothy Shields, of the Metropolitan Health Service, who has been on a year's exchange to New Zealand, recently returned to Vancouver. A very enjoyable tea was held to welcome her home and to bid farewell to Miss Geraldine Uniacke, who has sailed for her home in New Zealand.

The following excerpt is taken from a letter from Miss Thelma Attewell, one of our nurses now in England: "I have joined the Civil Nursing Reserve and am working as nurse-in-charge of a mobile unit for the Air Raid Precautions. We can be sent anywhere in England when we are needed. We keep getting a few scares from Hitler, but hope he won't get this far inland."

Married: Recently, Miss Marion Isobel Scott (Vancouver General Hospital) to Mr. Gordon Bruce Andrews.

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A special Study of the Normal and Convalescent Child.

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For further particulars apply to:

Director of Nursing
Children's Memorial Hospital
Montreal.

KAMLOOPS:

The Kamloops Registered Nurses Association recently held a telephone bridge in Kamloops and Tranquille, in aid of the Red Cross Society from which they cleared $74.00. A part of each meeting of the Association is devoted to Red Cross knitting.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association held their monthly meeting recently at the Nurses Residence, General Hospital. The president, Mrs. D. L. Johnson, presided. Following a business session, Dr. R. O. McDiarmid gave a talk on a year spent in Eye, Ear, Nose and Throat hospitals in London, and Bristol. His experiences and impressions proved very interesting. Miss Stowe thanked the speaker on behalf of the gathering. The private duty group was in charge of the social hour.

BRANDON:

The Brandon Graduate Nurses Association recently held a business meeting with twenty-five members present. The president, Mrs. D. L. Johnson, was in the chair. Miss Mitchell was appointed official delegate to the Manitoba Association of Registered Nurses convention in Winnipeg. A group of the members of our association will demonstrate the nursing care of a rheumatic patient at one of the sessions. The nominating committee was appointed with Miss J. Hill as convener, and arrangements were made for the annual meeting, which will take the form of a banquet at which the members of the graduating class of the School of Nursing of the Brandon General Hospital will be entertained.

The registry is reported as busy. The social hour was in charge of the executive committee.

ST. BONIFACE:

A St. Boniface Hospital group of the Red Cross, under the convenership of Mrs. O. Shaughnessey, meets at regular intervals in the auditorium, where the Alumnae Association is actively engaged in the making of surgical supplies.

Miss Beatrice Hanna (S.B.H., 1936) formerly of the pediatric staff of St. Boniface Hospital, has accepted a position in St. Luke's Hospital, Duluth. Miss W. Grice, formerly of the Metropolitan Life Insurance Company nursing staff, has ac-

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'DETTOL' *The Modern, Non-Poisonous Antiseptic*

cepted a position on the staff of the St. Boniface Hospital out-patient department. The following nurses have recently been appointed Nursing Sisters in the R.C.A.M.C., and are attached to General Hospital, Unit Number Five: Miss Roberts, Miss H. Campbell, Miss M. Lownds, Miss M. McCullough, Miss B. Soulier. Miss Florence Spencer (S.B.H., 1935) has accepted a position on the staff at Ninette Sanatorium.

Married: Recently, Miss Beulah Bodie (S.B.H., 1937) to Dr. Norman Stephanson.

Married: Recently, Miss Margaret Corner (S.B.H., 1935) to Captain C. B. Schoemperlen, M.D.

Winnipeg:

The instructors of the Nursing Educational Section of the Manitoba Association of Registered Nurses are working on the preparation of a minimum curriculum for the Schools of Nursing in the province. Miss Dorothy Wishart is convener of the committee of instruction. At a recent meeting, Miss M. Wilkins gave a paper entitled "Integrating Health Teaching in the Curriculum".

A special committee of the Section has prepared a statement for the programme of studies of the Department of Education, outlining the educational requirements for prospective applicants to the School of Nursing.

At a recent meeting of the Private Duty Section of the M.A.R.N. Miss Bourgeault was appointed chairman. Reports were prepared for the biennial and annual meetings.

The Public Health Section of the M.A.R.N. sponsored a study group consisting of six meetings held in the first few months of the year. The group was addressed at their first and last meetings by Dr. Lennox Black, and the remaining four by Mrs. Dempsey. Child study was the topic of discussion. Mrs. Black, a graduate nurse from Kansas, volunteered her services and helped a great deal with data. At the last meeting, Professor Black did an actual mental test on a subnormal child.

Outstanding Books

Ingram's "Principles of Psychiatric Nursing"

Mitchell, Upham & Wallinger's "Pediatrics and Pediatric Nursing"

Tracy's "Nursing — An Art and a Science"

Turner's "Personal and Community Health" **5th Ed.**

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EXAMINATION ANNOUNCEMENT

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An examination for the Registration of Nurses in the Province of Ontario will be held on May 28th and 29th.

Application forms, information regarding subjects of examination and general information relating thereto may be had upon written application to:

ALEXANDRA M. MUNN, Reg. N., Parliament Buildings, Toronto

The Bett's Telebinocular Machine was demonstrated. This machine can be taken from school to school and the eyes of the children tested. Quoting Miss Baird: "Incidentally, the child who was brought to the meeting for the mental test was very dirty but has since cleaned himself up and takes pride in his appearance."

NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter, N.B.A.R.N., was held in Moncton Hospital recently with the president, Miss Ethel Hillyard, in the chair. After the routine business meeting, Mr. Sayre of the C.N.R. Publicity Department showed interesting pictures of touring Canada.

Married: Recently, Miss Kathleen Harriett (Moncton Hospital Training School, 1935) to Rev. John Austin Jardine.

MONCTON:

A meeting of the Moncton Chapter, N.B.A.R.N., was held recently at the Moncton Hospital with the president, Miss Ethel Hillyard, in the chair. Miss Grace Fairley, convener of "hope chest" reported on its splendid financial success. Miss Marjorie Bennett was appointed convener for the dinner to be given in honour of the members of the graduating class of the Moncton Hospital.

Miss Edgecombe, Miss Fairley, and Mrs. Pelletier were appointed a committee on supplies and work for the Red Cross. The members of the local chapter are very energetic knitters and numerous articles have been made for soldiers, sailors, and airmen.

ST. STEPHEN:

A meeting of the local Chapter, N.B.A.R.N., was held recently at the Chipman Memorial Hospital. The new president, Miss Leland, was in the chair, and fifteen members were present. An interesting talk on radium was given by Miss Thelma Russell. Refreshments were served by Miss Margaret McFarlane and Mrs. Charles Anderson.

Miss Jessie Murray has been absent from her duties as district nurse in St. Stephen and Milltown, N. B., and has enjoyed a well earned rest at her home in Saint John. Miss Ruth Kennedy (C.M.H., 1938) is taking post-graduate study at the

Royal Victoria Hospital, Montreal. Miss Helen Jones (C.M.H., 1938) has accepted a position on the staff of Grace Hospital, Cleveland. Miss Clara Hunt and Miss Pearl Byers, student nurses, are taking affiliation courses at the Children's Hospital, Montreal.

NOVA SCOTIA

HALIFAX:

A St. John's Ambulance first aid course has just been completed by several members of the Halifax Branch, R.N.A.N.S.; Dr. C. E. Kinley presented the lectures, with Constable McIsaac and Mr. Clyde Hall, deputy fire marshall, as demonstrators.

KENTVILLE:

The Valley Branch, R.N.A.N.S., recently held a meeting at the Blanchard Fraser Hospital. A good number were in attendance. A most interesting talk was given on "The Nursing Sister" by Miss M. B. MacNeil, of the Nova Scotia Sanatorium Staff. This portrayed very vividly some phases of the work done by the nursing sisters during the last Great War during which Miss MacNeil served her country in the capacity of a nursing sister.

Our library is increasing slowly but surely and is proving most interesting. The most popular book we have at present seems to be "King's Nurse — Beggar's Nurse". All nurses who have not read this book should avail themselves of the opportunity shortly. It is written by a nurse and perhaps will awaken some other nurse to tell her experiences.

A twenty-five dollar bursary was donated to the graduating student of the Payzant Memorial Hospital, Windsor, N. S., who made the best progress during her training. Thus we hope to arouse interest in our Association and encourage their efforts.

Married: Recently, Miss Alta Naugler (Berwick Hospital, Berwick) to Mr. Murray MacPherson.

ONTARIO

DISTRICT 1

CHATHAM:

St. Joseph's Hospital:

Miss Maria Dunlop (S.J.H., 1939) has accepted a position on the staff of the

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For information apply to:

School for Graduate Nurses
McGill University, Montreal.

Ontario Hospital, London. Miss Mary Brown (S.J.H., 1939) has been appointed to the staff of the Ontario Hospital, Woodstock.

Districts 2 and 3

Galt:

The Galt Hospital will celebrate its Golden Jubilee on June 13, 14, and 15; the Alumnae Association is taking an active part in this happy event. Extensive plans are being made to entertain the guests including all former superintendents, including the first superintendent of the training school, and many of the graduates.

Guelph:

St. Joseph's Hospital:

Miss Gretta L. Hope, of Chesley, Ontario, has been accepted for overseas service by the Nursing Unit of No. 15 General Hospital, Toronto. Miss Hope is a graduate of St. Joseph's Hospital, Guelph, and prior to her acceptance as a nursing sister was on the staff of the General Hospital, Galt.

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. Joseph's Hospital, Guelph, Ontario: Honourary President, Sr. M. Augustine; honourary vice-president, Sr. M. Geraldine; president, Miss Mary Heffernan; vice-president, Miss E. Murphy; recording secretary, Miss H. McGillivray; corresponding secretary, Miss M. Meagher; treasurer, Miss Doris Milton; convener of entertainment committee, Miss Audrey McComb.

Kitchener:

Kitchener and Waterloo General Hospital:

At a recent meeting of the Alumnae Association of the Kitchener and Waterloo General Hospital the guest speaker was Dr. M. C. Harvey who gave an interesting address on the newer drugs. There was a good attendance.

Miss Adelene Harris (K.W.H., 1939) has accepted a position on the staff at Palmerston Hospital.

Miss Clara Fusee (K.W.H., 1939) has completed a course in psychiatry at the Ontario Hospital in London.

Married: Recently Miss Jean P. Allen (K.W.H., 1938) to Mr. Harold Lough.

Married: Recently, Miss Frances Dawson (K.W.H., 1939) to Mr. Ralph Hodd.

District 4

Hamilton:

Hamilton General Hospital:

There is only one Golden Jubilee in the annals of any history-making institution. The Hamilton General Hospital Training School will conduct its celebration on June 5, 6 and 7, 1940, and whether you graduated in the years when pneumonia was treated with a jacket and a good mustard, or in the stream-lined years of sulfapyridine, serum and Sherman units, this is one event that holds a common interest for us all. By this time you will have received your registration card outlining the program of events, and we would ask you to tick off (please be sure to use "tick" marks) those functions which you plan to attend, sign, and mail before May 31.

A list of class hostesses is being arranged to assist in the billeting of out-of-town graduates. Arrangements for class reunions on Thursday evening, June 6, may also be made through your hostess. For further information please communicate with Miss M. Watt, or inquire when registering.

The Alumnae Association wishes to extend a cordial invitation to the outside graduates in the City to take part in the various functions planned in the celebration of the Golden Jubilee on June 5, 6 and 7, 1940. Miss Martha Watt, convenor of the committee on arrangements, will be glad to supply further details on request.

In the interest of the approaching jubilee, Mrs. John Stephen (née Bessie Creggan) entertained the members of the Class of 1910 who are resident in the city. Those present included Miss O. Watson, Mrs. D. McBride, Miss I. McKenty, Miss I. MacIntosh, Mrs. A. Anderson. Other guests were Miss M. Aitken, Miss M. Ross, and Mrs. C. Morton.

District 5

Barrie:

A meeting of Chapter 2, District 5, R.N.A.O., was held recently at Barrie. The speaker was Dr. Norman Rogers, Medical Officer of Health, who spoke on Barrie's efforts regarding a pure milk supply and of the newly installed sewage system. The slate of officers was presented by Miss Williams, and are as follows: President, Miss Irene Lawson, Barrie; vice-president, Miss Tannahill, Midland; secretary-treasurer, Miss G. Maynard, Soldiers Memorial Hospital, Orillia; *The Canadian Nurse* correspondent, Miss N. Hanna, Orillia. The zone representative for

The Golden Jubilee
of the Training School of the

HAMILTON GENERAL HOSPITAL

June 5 to 7, 1940

●

Wednesday, June 5

1.00 p.m. Registration at Senior Residence.

3.00 p.m. Scenic Drive and Tea at Mount Hamilton Hospital, provided by the Women's Auxiliary.

7.00 p.m. Annual Alumnae Dinner, Royal Connaught Hotel; Guest Speaker: Miss Effie Taylor, President, International Council of Nurses; Dean of Nursing, Yale University.

●

Thursday, June 6

3.00 p.m. Reception and Garden Party — Open House. Board of Governors, Hamilton General Hospital. The evening session will be kept open for individual class reunions.

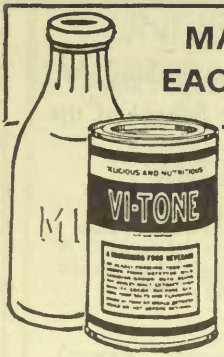
●

Friday, June 7

3.00 p.m. Graduation, McMaster University.

Speaker: The Hon. Albert Matthews, Lieutenant-Governor of Ontario.

9.00 p.m. Dance, Ball-Room, Royal Connaught Hotel.



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Voluntary Enrolment (there are thirteen members in District 5, Chapter *2*) is Miss O. Waterman, Soldiers' Memorial Hospital, Orillia.

TORONTO:

St. Michael's Hospital:

Miss Marie Pilon was elected president of St. Michael's Hospital Alumnae Association at the annual meeting. Miss Helen Hyland, retiring president, introduced Mrs. Shields who gave an informative talk and demonstration of surgical supplies used by the Red Cross.

The new executive includes: First vice-president, Miss Dorothy Lane; second vice-president, Miss Bernice Quilty; third vice-president, Miss Helen Thompson; treasurer, Miss Claire Cronin; assistant treasurer, Miss K. Meagher; recording and corresponding secretary, Miss M. Robertson; councillors: Miss L. Regan, Miss H. Hyland, Miss R. McQuade; nursing education representative, Miss Grace Murphy; public health representative, Miss Dorine Murphy; association member representative, Mrs. Slingerland; press representative, Miss Kathleen Walsh; magazine editor, Miss Barbara Grant.

DISTRICT 7

BROCKVILLE:

There was a good attendance at the March meeting of the Brockville Chapter, District 7, R.N.A.O. "Nursing in Finland and Sweden", an article by Miss Fidler published in *The Canadian Nurse,* was read and discussed. Miss Corbett gave an account of the Chapter's Red Cross activities. A musical and social hour was also enjoyed.

Miss Amy Church, of Smiths Falls, chairman of the Smiths Falls-Perth Chapter, was the official delegate of District 7 at the annual meeting of the R.N.A.O. held in Ottawa.

KINGSTON:

Reverend Sister St. Oswald, instructress of nurses at Hotel Dieu, gave an address at a meeting of the Kingston Chapter, District 7, R.N.A.O.; Miss E. Freeman, chairman of the Kingston branch, presided.

In her address, which was illustrated with lantern slides, Reverend Sister St. Oswald related the history of the early religious hospitallers of the Order of St. Joseph. She also recounted the thrilling life of Jeanne Mance. A short business session followed and an informal social hour was enjoyed by the nurses while they knitted garments for the Red Cross.

Married: Recently, Miss Marjorie McBride (K.G.H., 1936) to Dr. E. Perry White.

Married: Recently, Miss Leona Walmsley (K.G.H., 1936) to Mr. Ian Green.

Married: Recently, Miss Bertha Mitchell (K.G.H., 1936) to Mr. Darwin Garside.

District 8

Ottawa:

Ottawa Civic Hospital:

Miss Margaret Ogilvy (O.C.H., 1937) has been appointed to the neuro-surgical unit of the R.C.A.M.C., C.A.S.F.

Miss Evelyn Bryant (O.C.H., 1930) has been appointed senior medical secretary to Dr. Carver of the admitting clinic of the Memorial Hospital for the treatment of cancer, New York City.

Nursing Sister Margaret Mulvihill (O.C.H., 1931) is in training in Kingston with the R.C.A.M.C.

Miss Betty Stanley (O.C.H., 1938) and Miss Helen Brown (O.C.H., 1938) have been appointed as air stewardesses with the Trans-Canada Airways.

Miss B. McKerracher (O.C.H., 1932) has taken over her duties as assistant superintendent of nurses at the Strathcona Hospital, Ottawa.

Married: Recently, Miss Hazel Gilson (O.C.H., 1929) to Lieut. D. A. Ferguson, C.A.S.F.

Married: Recently, Miss Bertha Farmer (O.C.H., 1930) to Mr. Allen Gray.

Married: Recently, Miss Gwen Brady (O.C.H., 1939) to Mr. John Watt.

Married: Recently, Miss Rita Knox (O.C.H., 1938) to Mr. Lester Minion.

Married: Recently, Miss Lois Danby (O.C.H., 1938) to Mr. Norman Stone.

Married: Recently, Miss Ella Campbell (O.C.H., 1928) to Mr. Peter Stobbe.

Married: Recently, Miss R. Spray Reilly (O.C.H., 1934) to Mr. John Keill, Royal Canadian Navy.

Married: Recently, Miss Elvira Murphy (O.C.H., 1929) to Mr. David Aitken.

Married: Recently, Miss Roma Irene Halpenny (O.C.H., 1927) to Mr. Harold Franklin Skinner.

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City of Sydney Hospital,
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Applications, stating previous experience, and accompanied by references, should be addressed to: THE SECRETARY,
Medicine Hat General Hospital,
Medicine Hat, Alta.

WANTED

A qualified Science Instructor who will also act as Assistant Superintendent of Nurses is required by the School of Nursing of the Homoeopathic Hospital, Montreal. Duties to commence August 15, 1940.

Applications should be addressed to:

SUPERINTENDENT OF NURSES,
Homoeopathic Hospital,
Montreal, Que.

QUEBEC

MONTREAL:

Montreal General Hospital:

At a recent meeting of the Alumnae Association, Dr. A. T. Bazin gave a most interesting talk on the nurse in the field of war and described the organization of the different medical services from first-aid posts to base hospitals.

Miss Veronica Dundin (M.G.H., 1933) has taken a position with the Continental Can Company of Montreal. Miss Elizabeth Ross and Miss Phyllis McElroy (M.G.H., 1939) are taking a post-graduate course at the Psychiatric Hospital, Toronto. Miss Ann Flemming (M.G.H., 1939) has taken a position on the staff of the Ontario Hospital, Whitby, Ontario. Miss Elizabeth MacPherson (M.G.H., 1939) is doing general duty nursing at the Royal Victoria Montreal Maternity Hospital.

Married: Recently, Miss Jean King (M.G.H., 1932) to Lieut. Edgar W. Pickard, R.A.M.C.

Married: Recently, Miss Eva Moulton (M.G.H., 1937) to Mr. Raymond F. Churchey.

Married: Recently, Mrs. Dorothy Jones (née Welling) to Mr. Eldon Carlson.

Royal Victoria Hospital:

Miss Nell J. Enright has been appointed Matron at the C.A.S.F. Technical Training Centre at St. Thomas, Ontario. Miss Kathleen King (R.V.H., 1924) and Miss Elizabeth Lyster (R.V.H., 1932) have joined the American Scandinavian Field Hospital and have sailed for Finland. Miss Fanny Munroe recently entertained at tea in honour of the Montreal nurses of Number 1, Neurological Hospital, R.C.A.M.C.

Married: Recently, Miss Helen Preston (R.V.H., 1939) to Mr. Floyd Robert Glass, Jr.

QUEBEC:

Jeffery Hale's Hospital:

At the April meeting of the Alumnae Association of Jeffery Hale's Hospital, a very interesting talk on war gases, their effect and treatment, was given by Mrs. L. Dube, Q.A.I.M.N.S.R.

Miss P. Rand (J.H.H., 1936) has accepted a position as stewardess with the T.C.A.

SASKATCHEWAN

SASKATOON:

Ninety-nine nurses registered for the refresher course held recently in Saskatoon. Different centres within the Province (and even some from elsewhere) were represented. Meetings were held at St. Paul's Hospital and at the Saskatoon City Hospital. The first session was opened by an address by Dr. Arthur Wilson, medical health officer, on "Work in a City Department of Health". Miss R. M. Simpson, Director of Public Health Nursing Services, and some members of her staff were welcome visitors. Miss Simpson spoke on general principles in public health nursing. Nurses representing different branches of public health activities then made enlightening contributions by outlining special phases of public health nursing. A demonstration of duodenal suction drainage; an interesting case study on leprosy; addresses dealing with the new specifics; protection vaccination in tuberculosis made the programme a stimulating one.

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One of the highlights of the course was the address given at the banquet when Professor Simpson of the University of Saskatchewan, spoke on a "Clinic in Europe" and skilfully portrayed the present European situation in truly professional terms.

SASKATOON:

The annual meeting of the Saskatoon Registered Nurses Association was held on April 1, and Miss Jean Whiteford, supervisor of the Victorian Order of Nurses, was elected as president. The following are members of the executive: First vice-president, Miss May Reid; second vice-president, Miss Annie Meadows; secretary, Miss Eva Hamilton; treasurer, Miss Margaret Grant; councillors: Rev. Sr. A. Herman, Miss E. Amas, Miss M. Chisholm, Miss G. McDonald, Miss M. Finlayson, Miss J. Armstrong.

SASKATOON:

A gay and interesting social affair took place recently when the City Hospital Alumnae entertained their friends at their annual spring frolic. Patronesses of this enjoyable dance were Mrs. H. C. Whitemarsh and Miss E. Amas.

Miss Shirley Barber (S.C.H., 1937) has been accepted as an air stewardess by United Airlines in the United States. Miss Barber is at present in Chicago taking a training course. Miss Norma MacDonald (S.C.H., 1938) has completed a post-graduate course in obstetrics at the Royal Victoria Hospital and is now on the staff at the Ottawa Civic Hospital.

Married: Recently, Miss Margaret Findlay (S.C.H., 1932) to Mr. Lorin Drennan.

Married: Recently, Miss Dorothy Jamieson (S.C.H., 1934) to Mr. George Fenty.

MOOSE JAW:

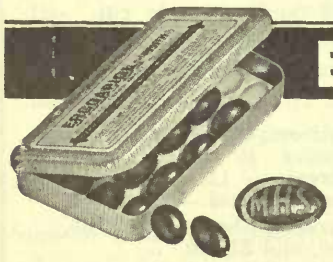
Moose Jaw General Hospital:

Miss Laurena McColl (M.J.G.H., 1939) was recently appointed provincial public health nurse at North Battleford. Miss Jean Getty (M.J.G.H., 1939) and Miss Dot McLean (M.J.G.H., 1939) have returned from a holiday in California. Miss McLean has accepted a position as staff nurse in the C.P.R. Clinic. Miss Marjorie Powell (M.J.G.H., 1928) was recently married to Mr. Hyla Hudson. Her former position as night supervisor has been filled by Miss M. Ballard (M.J.G.H., 1938). Miss Marion Tomlinson (M.J.G.H., 1938) who recently returned from England, has been appointed to the nursing staff of the Regina Military Hospital. Miss Uldene McNabb is doing special duty after a holiday spent in California.

OVERSEAS NURSING SISTERS ASSOCIATION

Kingston Unit:

The annual meeting of the Overseas Nursing Sisters Association, Kingston Unit, was held recently at the Kingston General Hospital with the president, Miss Mabel A. Bonter, presiding. Officers for the coming year were elected as follows: President, Matron Louise McDonald; vice-president, Mrs. John Willoughby; secretary-treasurer, Miss Olivia M. Wilson; visiting committee, Miss Ann Baillie. Tea was served and the club had as its guests the C.A.S.F. Sisters who are on duty at R.M.C. and the Military Hospital.



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Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association: (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University Hospital, Edmonton; (3) Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary; (4) Miss Florence J. Thomas, 617-14th St. S., Lethbridge.

British Columbia: (1) Miss M. Duffield, 1675 10th Ave., W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital, Vancouver; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver.

Manitoba: (1) Miss Evelyn Mallory, Children's Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Camillus of Lellis, Halifax Infirmary, Halifax; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Marie Leblanc, St. Martha's Hospital, Antigonish.

Ontario: (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss N. M. Dulmage, Toronto General Hospital, Toronto; (3) Miss G. Ross, 15 Queen's Park Cresc., Toronto: (4) Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto.

Prince Edward Island: (1) Miss Ina Gillan, 227 Kent St., Charlottetown; (2) Miss Anna Bennett, 102 Upper Prince St., Charlottetown; (3) Miss Ruth Ross, Summerside; (4) Miss M. Gamble, Albany R.R. No. 1, Tyron.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) Miss Marion E. Dart, 3563 Durocher St., Apt. 8, Montreal.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; (3) Miss M. E. Pierce. Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave., Saskatoon.

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Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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COUNCILLORS: Alberta: Miss H. S. Peters, University Hospital, Edmonton. British Columbia: Miss A. Cavers, Vancouver General Hospital. Manitoba: Miss F. Roach, St. Boniface Hospital, St. Boniface. New Brunswick: Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. Nova Scotia: Sister Camillus of Lellis, Halifax Infirmary, Halifax. Ontario: Miss N. M. Dulmage, Toronto General Hospital, Toronto. Prince Edward Island: Miss A. Bennett, 102 Upper Prince St., Charlottetown. Quebec: Miss M. Batson, Montreal General Hospital, Montreal. Saskatchewan: Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw.

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District 7

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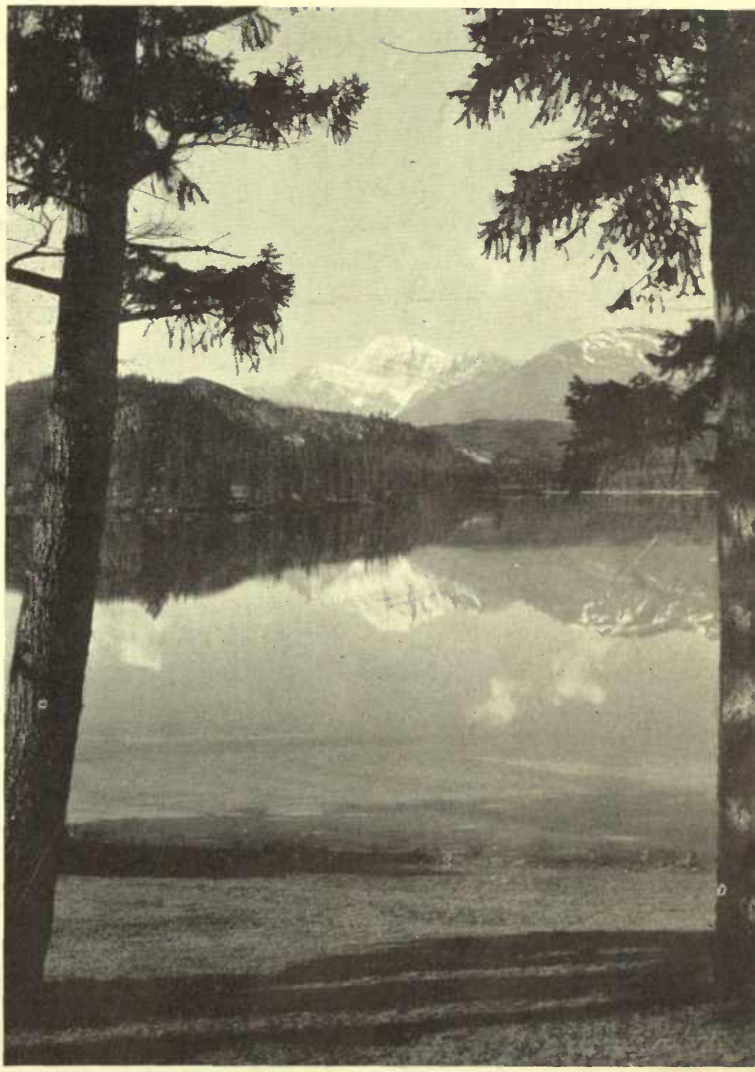

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The
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JUNE, 1940

Let us Take Counsel Together

At the time of writing it seems probable that the forthcoming Biennial Meeting of the Canadian Nurses Association will be held under the shadow of the terrible crisis through which the British Commonwealth of Nations is now passing. In addressing the British House of Commons, the Prime Minister said that he had nothing to offer to his countrymen except "blood and tears, toil and sweat." Of that terrible Sacrament we too must partake, since we are bound by the nature of our calling to serve the Commonwealth in her hour of need.

It is well that we are to have an opportunity of taking counsel together before the full force of the storm is upon us. There is time to close our ranks, see to our defences, and make ready for the tremendous task which lies ahead. Blood and tears, toil and sweat are not new to us. We have lived through dangerous years before, and are not dismayed.

Under the circumstances, it is significant that the program committee should have allotted a whole session to the consideration of "nurses and nursing at home and abroad in time of war", and it is singularly appropriate that Miss Elizabeth Smellie, C.B.E., R.R.C., should preside over it. Her splendid record of enlightened leadership in peace as well as in war has prepared her for command in times like these. Among those participating, will be other nurses who have distinguished themselves in military nursing service and in the civilian field as well. Miss F. Munroe, R.R.C., superintendent of nurses in the Royal Victoria Hospital, Montreal, will speak of actual experience in the last war as a basis for action at this time. Miss Edna Moore, A.R.R.C., Chief Public Health Nurse in the Ontario Department of Health, will discuss means by which standards of nursing education and service may be safeguarded even in times of stress. Nurses who have

learned in the stern school of war will share in a debate which will help us to plan for a new campaign.

A second session will be entirely devoted to a consideration of the Supplement to the Proposed Curriculum, entitled "Education in the Clinical Field", and prepared under the direction of Miss Marion Lindeburgh, chairman of the Committee on Education of the Canadian Nurses Association. Miss Lindeburgh will report upon the progress that has been made with this important project which is based upon the principle that *quality nursing* makes for *good nursing education*. Miss Margaret Kerr, chairman of the Public Health Section, will discuss the supplement from the point of view of community health, and as a basis for all nursing, including public health nursing. Miss Margaret Teulon, chairman of the Private Duty Section, will appraise the Supplement in relation to the fundamentals of private duty nursing. Miss Agnes Macleod will indicate the administrative requirements by which such a program might be carried out. We are deeply indebted to Miss Lindeburgh for this invaluable addition to the Curriculum. Dealing with actual clinical procedure at the bedside, it comes at a time when there is need of all the intelligence and skill that we have to offer.

At each successive biennial meeting, various guest speakers have brought inspiration and enlightment. This meeting will be no exception because both speakers are women who are outstanding in their respective fields and who may be counted upon to clarify our thinking and fortify our courage. An address will be given by Dr. Alice Vibert Douglas on "The Triple Challenge" — a title which conveys a hint of its stimulating quality. Dr. Douglas is the Dean of Women at Queen's University, and is considered to be one of the most distinguished among university women in Canada. After a brilliant academic career at McGill University, she became, in 1914, Chief of Women Clerks in the statistical branch of the Department of Recruiting in the War Office in London. Later her duties were expanded to an even higher degree of responsibility, under the Ministry of National Service. After further advanced study, Dr. Douglas became lecturer in astrophysics at McGill University, and attained an enviable reputation as a writer on scientific subjects. She is a Fellow of the Royal Astronomical Society, and an acknowledged authority in the field of education. There can be no doubt that she will shed light on many of our present difficulties.

Another speaker who may be counted upon to make a notable contribution is Mrs. Rex Eaton, who for the past six years has devoted much time to survey and administration work in the Department of Labour of the Government of the Province of British Columbia. Mrs. Eaton has rendered valuable service as chairman of the advisory committee on labour conditions in hospitals, appointed by the Provincial Government. In her capacity as chairman of the Provincial Committee on working conditions for nurses and nurses-in-training in hospitals in British Columbia, Mrs. Eaton has first-hand knowledge of many of our problems. She displays keen insight into the lives of nurses employed in institutions, and manifests a clear and sympathetic understanding of the responsibility of the public, not only to hospitals, but also to those who work in them.

Like many other prominent men and women in British Columbia, Mrs. Eaton comes from the Maritime Provinces and is a graduate of Acadia University. That her interests are very broad is shown by the fact that she is chairman of the Vancouver Branch of the Pan-Pacific

Women's Association and of the Community Self Help Association. We are indeed privileged to have this outstanding leader with us at a time when we stand in need of the support and understanding of the community at large.

Under the caption of *Notes from the National Office*, attention is drawn once more to the many important projects which are to come up for consideration and appropriate action. Decisions made at this time may be far-reaching, and it is the plain duty of every Canadian nurse to share responsibility for making them. The re-naming of Sections has many implications which require penetrating analysis. The eight-hour day for nurses deserves careful consideration if our young nurses are to remain healthy in body and mind, and ready for whatever demands may be made upon them. Now, more than ever before, the Florence Nightingale Memorial Foundation requires our active support. Health insurance and nursing service may soon be linked together more closely than at present, and we cannot afford to neglect a single factor which will help to preserve national health and social integrity. This is the day of battle on the home front as well as abroad and every one of us, old or young, must rally to the colours.

In this hour of trial, a heavy responsibility rests upon those nurses whom we have elected to high office in the Canadian Nurses Association. No greater tribute could be paid to the President of the Canadian Nurses Association, Grace M. Fairley, than to say that she deserves and will receive the loyal support of every member. In July, 1939, she attended, on our behalf, the interim executive meeting of the Board of Directors of the International Council of Nurses in London. To repeat the names of the countries represented at that council is to invoke tragic memories. Among them were Poland, Finland, Holland, Denmark, Belgium, Norway. Yet even in the shadow of approaching strife, there was a sense of professional solidarity. To quote Miss Fairley herself, "The silent but deep understanding brought us very close together." It is in this spirit that we should meet in Calgary to take counsel together. —*E. J.*

Continuous Gastric Drainage

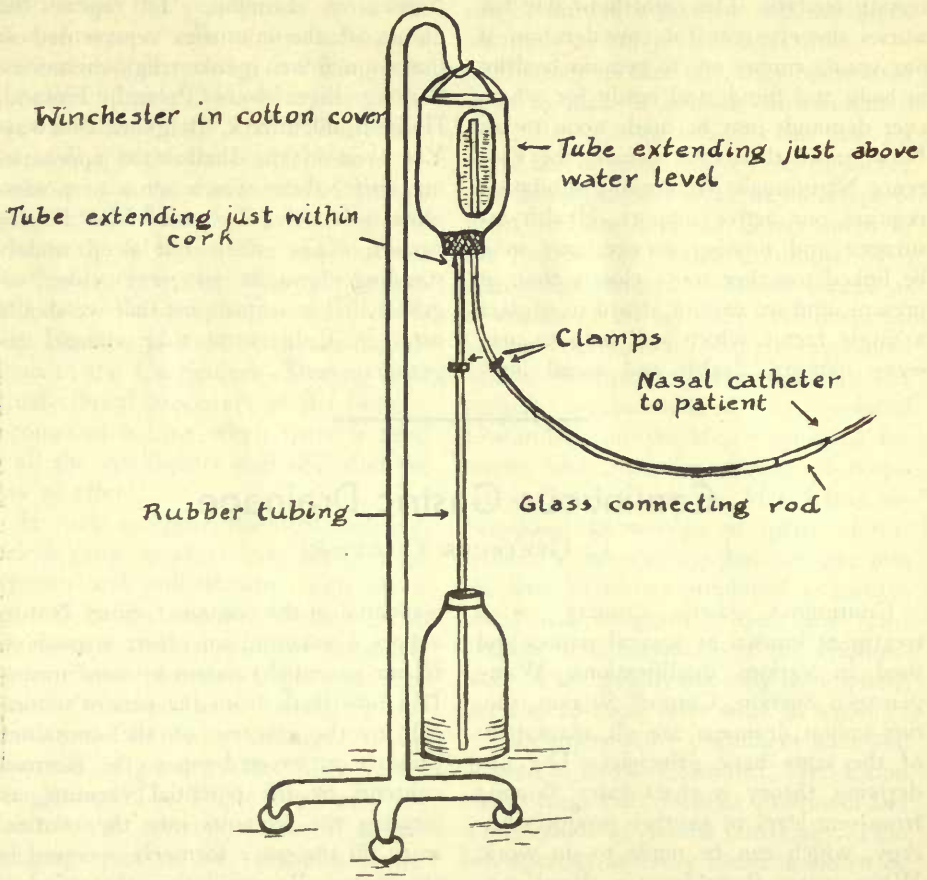
E. Gertrude Ferguson

Continuous gastric drainage is a treatment known by several names and used in various modifications. Wangensteen Suction, Connell Suction, suction-siphon drainage are all adaptations of the same basic principles. The underlying theory is that water flowing from one level to another produces energy, which can be made to do work. When water flows from a closed container to a lower level, a partial vacuum is created in the container. Since Nature abhors a vacuum, an effort is made to fill the potential vacuum by some means. If a tube leads from the patient's stomach to the interior of the container, pressure is exerted upon the stomach contents by the potential vacuum, aspirating the contents into the container to fill the space formerly occupied by the water. By regulating the speed of flow of the water from the higher to

the lower level by means of a clamp, it is possible to regulate the pressure exerted upon the stomach contents.

The types of patient for whom this treatment is used, vary. It is used to drain the stomach of toxic substances in intestinal obstruction, persistent vomiting of medical or surgical origin and to control post-operative upper abdominal distention caused by dilatation of the stomach. The patient is relieved of the nausea, the feeling of fulness and the eructations of gas, as well as the symptoms of toxicity which would develop otherwise from the absorption of the toxic substances. Patients can be given clear fluids by mouth, thus serving a dual purpose. The patient absorbs some of the fluid, thereby lessening dehydration, the remainder acts as a lavage, diluting the stomach contents and assisting in their removal.

The nursing problems encountered differ with the patients. To some, the apparatus may appear rather frightening, but usually, if the purpose of the treatment is explained to them carefully, and when they have actually experienced the relief which follows its operation, they are quite willing to cooperate. The Levine tube is usually introduced into the stomach via the nose,



which makes it very necessary to the patient's comfort that the nostrils be given adequate care. Lubrication of the tube before insertion and frequent applications of liquid petrolatum or vaseline to the mucous membrane of the nostrils during the time the tube is in place, will prevent usually any unpleasant complications. The patient's mouth also requires frequent cleansing and lubrication to prevent a coated tongue and the possibility of parotitis developing.

A record of the amount of fluid administered to the patient orally and parenterally can be kept, and also a record of the amount of fluid aspirated from the stomach, and voided by the patient. If a known volume of water is put into the receptacle on the floor and the total amount in the receptacle is measured at intervals during the day, the difference between the total and the known volume represents the sum of the fluid given by mouth and the stomach contents. Subtraction of the quantity given by mouth enables one to arrive at the actual drainage from the stomach.

Since the fluid from the stomach very often has an unpleasant appearance, the apparatus is usually arranged so that the tubes are above the patient's head and so out of sight. A sufficient length of tubing should be available that the patient may turn his or her head freely, without pull being exerted upon the face where the tubing is fastened with adhesive for safety. It has been found wise to simplify the equipment as much as possible, in order that cleansing and sterilization may be made easy. The whole apparatus can be taken apart, washed and boiled, and reassembled very quickly. The apparatus consists of:

2 winchesters

2 lengths of glass tubing; one six inches long, one long enough to extend from well outside the cork to within one inch of the bottom of the winchester.

1 two-holed rubber cork

2 pieces of rubber tubing; one a yard long, one about 60 inches long

1 pointed glass connecting rod

2 clamps

1 Levine tube

Irrigating pole

Cotton cover for winchester, or adhesive straps

Adhesive tape.

Nasal Catheter in Position

In order to assemble the equipment, the glass tubes are passed through the rubber cork, the shorter reaching just beyond the inner end of the cork, the longer extending to within one inch of the bottom of the winchester. The winchester is filled three-quarters full of water, the cotton cover is placed on it and the cork is fitted in very tightly.

To the shorter glass tube, which extends just within the cork, the longer

piece of rubber tubing with a clamp on it is attached. To the longer glass tube, the shorter piece of rubber with the second clamp on it is attached. The glass connecting rod fastens the Levine tube to the shorter length of tubing. The apparatus is hung upside down on the pole by means of the handle on the cotton cover.

The second winchester with a pint of water in it rests on the floor, and the longer piece of tubing is placed in it so that the end of the tubing is below the level of the water. Both clamps are opened, water is forced through the shorter tube by means of a syringe until all the air has been expelled, then the clamps are closed.

The patient is prepared as for a nasal gavage, the clean Levine tube, well lubricated, is inserted through a nostril and fastened to the patient's cheek or forehead by adhesive and to the pillow with a safety pin. A small amount of the stomach contents is aspirated by means of a syringe, then pinching off the Levine tube, the doctor detaches the syringe and attaches the glass connecting rod, making an airtight connection.

By opening the clamps slowly, the pressure desired can be ascertained. Gastric contents will be seen to bubble over the end of the glass rod in the winchester, mingle with the water in the bottle and ultimately reach the bottle on the floor. As the upper bottle empties, the clamps can be closed, the bottle washed and refilled and the treatment continued indefinitely. It will be found desirable in some cases to detach the Levine tube from the apparatus at intervals, to attach a syringe and alternately introduce water into, and aspirate the contents from, the stomach.

For proper functioning, the whole apparatus should be airtight. This can be accomplished by using a tight-fitting rubber cork in the upper bottle, by having rubber tubing of a size which fits the glass connections snugly and by making certain that the end of the tubing in the receptacle on the floor is under water.

The increased comfort of the patient the relief from prolonged nausea and vomiting and the pain of distention, have combined to make this treatment a very popular one at the present time.

A Word about Special Nurses

ELIZABETH A. SMITH

Every profession and every branch of a profession has an objective and a goal which, in its attainment, colours the life of the individual. The degree to which the individual develops and becomes of more value to the community may depend upon enthusiasm, adjustment, perspective and physical well being. Let us assume that the profession is nursing, and special nursing the branch of that profession.

A special nurse's life is as temperamental as any artist's life. It is a continual groping after a fixed goal which is never reached — but the working towards it, with all its discouragements and happiness is a life full of colour and development. That is how it should be, but is it?

A young nurse leaves hospital, well trained and full of enthusiasm, not realizing at that moment that her real train-

ing and the demonstration of her adaptability is only beginning. She has to try her wings. During three years of association with all kinds of people, she has attained versatility in her relationships. Now she must learn to be selective; she finds she has only one human being to study and nurse, with all that that constructive word implies. Her primary objective is to assist the patient back to health; she knows she has been trained to do that, and can be confident about it, but the psychological adjustment of having to narrow down from dozens, to one patient, is a great difficulty — an overwhelming one at first.

Certain nurses are more adapted to special nursing than to any other field, and it is a rich field, although sometimes regarded as not overly important. But it can be said that a special nurse who has been successful, shows a great deal of mental development, and that fact speaks for itself. After graduation, a great many outstanding women in nursing used a few years of private duty to feel their way and see things through their own eyes. So it does seem important that young nurses should have some knowledge before graduating as to the seriousness of becoming adjusted to one patient. Psychologically she would feel more secure in her relationship if she had not yet severed her connections with the hospital and was under criticism — for constructive criticism at this point is a great need. To see a patient through a short illness, as that patient's nurse would be of invaluable help to the nurse's adjustment after graduation. Hospitals must always contend with a shortage of nurses it seems, but what keen nurse would not welcome giving a few more days to her hospital in return for friendly criticism from one who really knew.

Then we have the young graduate going on her first home case — she can do it and will, but oh, the mental agony. She has been accustomed to hospital technique, all she needs was very easily obtained — and now, only one who has experienced it can picture her. She weathers through and emerges with a fund of knowledge — but could she not be better equipped for that first case, and not have to learn from her own experience? The equipment needed is simple enough, but she also must learn to improvise all on her own. The essential equipment which she cannot improvise and which she must bring is:

Her thermometer.
A compact enema and douche set.
Instruments, including surgical scissors, probe, dissecting and artery forceps.
Two rubber catheters and a small funnel.

All these things can be packed into a small space, and she may be confident that she can get to work immediately upon arrival to carry out any orders the doctor thinks necessary. The simplest equipment seems best and a great deal of importance can be attached to a neat, well chosen kit.

As the time after graduation lengthens into weeks and months, she finds she is fighting, in her heart, a disillusionment which comes unbidden. Her career is a disappointment. She is a healthy strong person, full of enthusiasm, with a lot of adjustments to make it is true, but adjustments must be made in any life, so that is not enough to explain her unhappiness. She has a lot to give and she is giving it, but the joy that the effort should bring is lacking. She meets others in the same frame of mind and wonders if it is all worth the price. Why does this occur? She is a normal intelligent woman and has a right to a normal life — work, play, and rest, but she is not getting it. She is tired beyond her endurance, or else is sitting idly by, wait-

ing for the telephone to ring. It does not seem fair; she is still developing her sense of values and needs time to just live.

It is a faster world we live in than it used to be; each hour contains more concentrated living. Statistics show that a nurse's working life is of shorter duration than that of women in other fields. Well, can't we do something about this? There is no shortage of graduate nurses; couldn't we all share the burden and share it happily, and perhaps stretch our weary lives a span? For private duty nurses it means eight-hour duty — some are for it and some against it — but doesn't it seem that fatigue, physical and mental, is the cause of so much restlessness, unhappiness and gloom. There is a lack, a stumbling block in our path, and it does seem that Mother Nature, our best friend, could remedy so much if we only gave her the chance.

The Mary Agnes Snively Medal

For the third time in the history of the Canadian Nurses Association, the President and Executive have pleasure in announcing the Mary Agnes Snively Awards for the 1938-40 biennium. These medals, which are a memorial to our Founder, are awarded to members of the Canadian Nurses Association "whose work exemplifies Miss Snively's ideals of Nursing and Service", and the ceremony of presentation will take place on Tuesday, June 25, at Calgary during the Biennial Convention.

The Executive had particular pleasure in endorsing the recommendations of the Award Committee, as the three members who are to be so signally honoured are women who have contributed generously of their time and ability to the Canadian Nurses Association and to the nursing profession. They have also given leadership, and it is interesting to note that their leadership has been along such diverse paths. Such is the opportunity for the varied personalities within our profession, and such our joy in having within our ranks women who have so faithfully portrayed these ideals. The names of Kathleen Russell, Rev. Mother Allard, and Ethel Johns are worthy recipients of this, the highest award that the Canadian Nurses Association can bestow on its members.

GRACE M. FAIRLEY,
President,
The Canadian Nurses Association.

Kathleen Russell

In common with other distinguished Canadians, Miss Russell claims Nova Scotia as her native province and Windsor as the place of her birth. Here she attended preparatory school and later obtained a Bachelor of Arts degree from King's College. Her professional training was received in the School for Nurses of the Toronto General Hospital from which she graduated in 1918, receiving a scholarship for post-graduate study: for this she enrolled in the Department of Social Science of the University of To-

ronto. After one year of supervisory service with the Department of Public Health of Toronto, Miss Russell was appointed in 1920 as Director of the newly established Department of Public Health Nursing of the University of Toronto: it is with the growth of this piece of work that she has deservedly won both national and international recognition.

It was in the year 1927, when the Department of Public Health Nursing became an integral part of the School of Hygiene, that under her leadership the first piece of original work in nursing (associated with the University of Toronto) was undertaken. It was called the four-year course and represented the first attempt of the Department to provide a direct preparation for the field of public health nursing. During these years the Department gathered momentum largely through association with the School of Hygiene, until in 1933 with the assistance of the Rockefeller Foundation and the tangible good-will of the University of Toronto the present School of Nursing was established. At this juncture the four-year course became one of three years and three months and this, together with graduate work for both public health nurses and hospital staff nurses, constituted, as they do now, the major activities of the school. It should be noted here that this development was possible only because the Director of the School had won so completely the confidence of the University authorities, the Rockefeller Foundation and the hospital and health agencies without the active co-operation of which the project could not have been launched or continued.

During her professional career, Miss Russell has taken a lively interest in all matters relating to the growth of the organized profession — more particularly those identified with nursing education.

KATHLEEN RUSSELL

She has served as president of the Alumnae Association of the Toronto General Hospital, and as chairman of the Toronto Chapter of the former Graduate Nurses Association of Ontario. Associated with the work of the Canadian Nurses Association for many years, she was one of the first to advocate the making of a survey of nursing education in Canada and served as a member of the Joint Committee of the Canadian Medical Association and the Canadian Nurses Association, which body guided the work of the survey and finally brought the project to fruition. She also acted as secretary for the Memorial Committee which gave leadership to the erection (in the Parliament Buildings at Ottawa) of a Memorial to the nurses who gave their lives in the Great War. Miss Russell's sound judgment and sane

outlook have been valued too as a former chairman of the Nursing Advisory Committee of the Ontario Division of the Canadian Red Cross Society, and for some years as a member of the board of the Victorian Order of Nurses for Canada and of the Toronto branch as well.

Already many honours have come to Miss Russell, among them her choice as director of a committee appointed by the International Council of Nurses to study the education facilities of the International Florence Nightingale Memorial Foundation in London, England. More recently, at the sesquicentennial celebration of King's College, last summer, her alma mater conferred upon her the degree of D.C.L. (honoris causa) in recognition of her attainment in the field of nursing education.

There are many reasons why one might lay claim to the Mary Agnes Snively Award on Miss Russell's behalf, but paramount among these is her contribution to nursing education in Canada, and beyond. This she has accomplished through an ability to apply the principles of education in their broader aspects to nursing and its problems. As an educationist, she has been quick to recognize the fact that problems confronted in nursing are not peculiar to that field alone but are similar to those inherent in the field of educational endeavour as a whole. Indeed the fairies present on her natal day were generous with their gifts for like others who earn distinction it is a certain combination of qualities which has resulted in her achievement: a quality of intellect capable of originality, of integrity, and of critical judgment; the gift of a scholarly and facile pen; a marked capacity for painstaking work; a tenacity of purpose and withal a faith in nursing and its significant relationship to the ultimate purposes of life. For those who know Miss Russell best have discovered an unfailing emphasis laid upon the spiritual values of life. These then are some of her rarer attributes.

And so in recognition of Miss Russell's brilliant career, the profession bestows the Mary Agnes Snively Award upon one who exemplifies in large measure an ideal of Canadian womanhood, thus doing honour to itself as well as to the recipient. — F. H. M. EMORY

Rev. Mother Allard

"Her simple and sincere way of building bridges that will last forever, and her ability to find solutions to problems which have stunned many of us" were the closing remarks of a visitor, who came to Mother Allard as usual for counsel, and whom I met while she was leaving the office of the then superintendent of the Hotel-Dieu, Montreal. In these words we find the key to a personality whose influence and constructive help as a fellow nurse, organizer, author, executive, but above all as a great mediator and sincere friend, has become a very vital force in the life of our national and international nursing organizations.

Mother Allard, who apparently has brought from the Baie des Chaleurs Peninsula — or, shall we say more specifically, from Carleton, Province of Quebec — the quiet and simple way of life, entered the Community of Hotel-Dieu of St. Joseph at Montreal in 1917. Devoted to her ideal of life — a charity which is total, practical and permanent in character — she saw in her future as a Nursing Sister that humble and unselfish road which was to lead her into the first ranks of nursing and hospital administration.

In 1922 she was awarded her diploma from the Hotel-Dieu School of

Nursing, and her Provincial Registration certificate. Three years later she received certificates for courses in dietetics and hygiene at the University of Montreal, following upon which she taught for six years at the Hotel-Dieu School of Nursing. After having acquired this solid educational foundation in Montreal, we find her on various missions to the United States of America and the Maritime Provinces, always studying new methods and making new friends.

Her practical experience and intensive private studies were deciding factors in her appointment as superintendent of nurses, from 1927 to 1933. In September 1933, she was elected superintendent of the Hotel-Dieu Hospital, in which position she remained until September 1939, when she became Mother Superior of her Community.

Although her road to success appears to be a short one, we must bear in mind that in spite of certain limitations which she, as a religious Sister, is obliged to respect, her contributions to our professional temple are nevertheless outstanding. For six years she was a board member of the Association of Registered Nurses of the Province of Quebec, and from 1932 to 1934, she was a member of the Curriculum Committee of the Canadian Nurses Association. In 1933, she was the representative for the French section of the Canadian Nurses Association, and for the Government of the Province of Quebec at the International Congress of Nurses, held in Paris and Brussels. On this occasion, the French Government honoured her with the "Médaille de l'assistance publique," a rare distinction which she deserved in particular for her great educational and practical contribution to nursing through her book, "Cours de Technique", published in 1931, and also through various articles appearing

REV. MOTHER ALLARD

in "Revue de la Garde-Malade Canadienne-Française", "Journal de l'Hotel-Dieu" (1928-1939) and other national and international professional publications.

In 1938, the Rector of the University of Montreal, in conferring upon Mother Allard the "Doctorat honoris causa", said: "In accepting this title from our University, you are honouring us more than we can honour you." His words were indeed a sincere expression of a great man and a very distinguished institution. In the same year, Mother Allard became a member of the American College of Hospital Administrators, and was granted the medal and diploma of the College, as the first French-Canadian nurse to receive it.

With the Snively Memorial Medal, the Canadian Nurses Association has

conferred upon Mother Allard an honour of which we, the Sisters and Lay Nurses of the Province of Quebec are specially proud, for it is our privilege to know Mother Allard as one of our best friends, counsellors and leaders.

— SISTER HELEN MORRISSEY

Ethel Johns

Having been invited to prepare an outline of the professional career of Ethel Johns, I do so with profound admiration of the vision she has cherished of what nursing might and should mean to the world. Looking back over the years, I recall her tall slight figure and grave intent face, on the night of her graduation from the School of Nursing of the Winnipeg General Hospital. Then came a period of private duty nursing, and in the homes she entered there are still grateful memories of the comfort and aid she brought to them.

Her first executive position was that of superintendent in the McKellar General Hospital, Fort William. This was followed by post-graduate study at Teachers College, Columbia University, after which she returned to Winnipeg to take charge of the Children's Hospital. Four years later she became superintendent of nurses in the Vancouver General Hospital and, when the establishment of a department of nursing was authorized by the University of British Columbia, she was appointed to be its director. The sound organization and subsequent success of this department were due, in a great measure, to her foresight and enthusiasm.

In 1925, the Rockefeller Foundation invited Miss Johns to make a survey of negro nursing education in the United States and, upon its completion, she became a member of the European field staff of the Foundation. In this capacity she assisted in the organization of schools of nursing in Hungary and Roumania. Upon her return from Europe, she served for three years, as director of studies, during the period of re-organization which preceded the establishment of the School of Nursing of the New York Hospital in the magnificent buildings it now occupies. Later, she was appointed nurse associate to the Committee in the Grading of Nursing Schools, a position which she resigned in order to return to Canada in 1933 as editor and business manager of *The Canadian Nurse*.

What she has done for the advancement of nursing through the *Journal* is well known to Canadian nurses. Keenly aware of the public demand for nursing service on a broader scale, she has striven to show how this demand might be fulfilled. Always learning herself, she inspires others to learn more so that they may serve better.

— E. CORA HIND

Révérende Mère Allard

Pour rendre hommage à la révérende Mère Allard ainsi qu'aux gardes-malades de langue française du Canada, la revue "The Canadian Nurse" a le plaisir de publier une traduction française de quelques notes biographiques de la Supérieure de l'Hôtel-Dieu de Montréal. La médaille Snively sera remise à Mère Allard lors du prochain congrès biennal de l'Association des Gardes-Malades du Canada.

Qu'on me permette de citer les réflexions d'une personne sortant du bureau de Mère Allard, alors hospitalière en chef de l'Hôtel-Dieu, à qui elle était venue demander conseil: "Soeur Allard a le don d'édifier sur des bases solides et elle trouve toujours une solution aux problèmes devant lesquels d'autres restent perplexes." Ces quelques mots résument toute la personnalité d'une religieuse garde-malade, auteur, femme d'affaires, et avant tout, une grande médiatrice et une amie sincère dont l'influence et les idées créatrices sont une force vitale pour nos organisations nationales et internationales de nursing.

Mère Allard, qui semble avoir apporté avec elle un peu de la vie paisible et calme de la Baie des Chaleurs et, plus particulièrement, du charmant village de Carleton, est entrée en communauté à l'Hôtel-Dieu de Saint-Joseph à Montréal en 1917. Vouée à une vie toute de charité, son idéal, possédant un caractère constant et beaucoup de sens pratique, elle poursuivit en sa qualité de religieuse infirmière, une route pavée d'humilité et de générosité la conduisant aux premiers rangs de la profession du nursing et de l'administration hospitalière.

En 1922 elle reçut son diplôme de l'école de gardes-malades de l'Hôtel-Dieu puis son enregistrement provincial; trois ans plus tard elle recevait de l'Université de Montréal un certificat de diététique et d'hygiène après quoi elle enseigna pendant six ans à l'école de gardes-malades de l'Hôtel-Dieu. Après avoir acquis une formation solide dans l'enseignement à Montréal, nous la retrouvons dans différentes missions aux Etats-Unis et dans les provinces maritimes, cherchant toujours à étudier des méthodes nouvelles et se créant toujours de nouvelles relations.

Son expérience pratique et les études intensives qu'elle a poursuivies privément ont contribué à sa nomination comme directrice des gardes-malades de l'Hôtel-Dieu, poste qu'elle occupa de 1927 à 1933. En septembre 1933, elle fut nommée hospitalière en chef de l'Hôtel-Dieu, position qu'elle a occupé jusqu'en septembre 1939 alors qu'elle est devenue supérieure de sa communauté.

Bien que sa route de succès ait été relativement courte, et malgré les nombreuses obligations de sa vie religieuse, Mère Allard n'en a pas moins apporté de nombreuses contributions à la profession du nursing; voici quelques données qui illustreront mieux son oeuvre. Pendant six ans, Mère Allard fut membre du Comité de Régie de l'Association des Gardes-Malades enregistrées de la province de Québec. De 1932 à 1934 elle fut membre du Comité du Curriculum de l'Association des Gardes-Malades du Canada. En 1933 elle fut désignée pour représenter la section de langue française de l'Association des Gardes-Malades du Canada et le Gouvernement de la province de Québec au Congrès international tenu à Paris et à Bruxelles. A cette occasion le Gouvernement français la décora de la "Médaille de l'Assistance publique", marque de distinction rare qu'elle a spécialement méritée par sa contribution importante à la cause de l'enseignement du nursing en publiant en 1931 un ouvrage intitulé "Cours de Technique" ainsi que de nombreux articles parus dans la revue "La Garde-Malade canadienne-française", le "Journal de l'Hôtel-Dieu" (1928-1939) et dans d'autres revues professionnelles nationales et internationales.

En 1938, Monseigneur le recteur de l'Université de Montréal conféra à Mère Allard le titre de docteur honoris causa en lui disant ces paroles: "En acceptant ce titre de l'Université, vous nous honorez plus que nous ne pouvons vous honorer"; voilà l'expression sincère d'un personnage distingué parlant au nom d'une très noble institution.

Au cours de la même année, Mère Allard devint membre du "American College of Hospital Administrators" et fut la première canadienne-française à recevoir la médaille de ce collège.

En remettant à la révérende Mère Allard la Médaille Snively, l'Association des Gardes-Malades du Canada lui confère un honneur qui rejaillit sur toutes les gardes-malades religieuses et laïques de la province de Québec et nous en sommes particulièrement fières car toutes nous reconnaissons en Mère Allard une amie sincère, une conseillère avertie et un guide éclairé.

Editor's Note:

This article is a literal translation of the biographical outline concerning the Reverend Mother Allard, which appears in English on pages 348 and 349 under the caption of The Mary Agnes Snively Medal.

A Ward Teaching Program at the "U. A. H."

ETHEL J. ROLSTON *and* H. CLARE HENDERSON

The beginning of ward teaching programs seems to be marked by trials, errors, and rude awakenings and this one has been no exception. At the outset, to prevent overtaxing the wards, the medical and surgical ward teaching supervisors collaborated in a combined program. The main objectives at this time were:

To stimulate in our head nurses the responsibility they bear in the educational program of our student nurses.

To accustom the head nurses and the students to the brief periods of clinical teaching for the purpose of increasing nursing efficiency.

To interest the students in the development of the program and to encourage voluntary participation.

After eight months of experimental clinical teaching, it is evident that the seed of a routine teaching program has been sown and though somewhat slowly and falteringly at times, and not without discouraging moments to all concerned, seems to be taking root. On the whole the results have been gratifying; to some degree at least our objectives have been realized. It is felt that the plan warrants continuation.

The program had its rather irregular beginning in the form of a weekly mid-morning conference, which was held in the surgical teaching supervisor's office, centrally situated in the hospital. No special day was set for these conferences but the hour usually was 9.30 in the morning. The topics varied according to the available clinical material and no special formality was introduced. As a rule, the students presented the topics, the discussion being guided by the supervisor. Notification of the conference

was made through the students' and the head nurses' bulletin boards at the beginning of each week. This notification to the head nurses served as a reminder to enable them to arrange the work and hours so that as many as possible of the specified group of students could attend without inconveniencing the wards. The time spent on the conference is considered as on-duty time. The mid-morning conference continued without further organization for the next few months during which time the early morning report talk was introduced.

In the development of this type of teaching the supervisors were concerned with their respective departments. In obstetrics, where the department supervisor was already conducting formal classroom instruction, it was only a short time before routine clinical teaching programs were introduced. In surgery and medicine it had been difficult to ensure a routine teaching program, and it has been necessary to allocate specific surgical and medical material to the various departments in which the service predominates. For example, in the surgical department there are four special services (orthopaedics, genito-urinary, gynaecology and neurology) besides the very large percentage of general surgery. As these were not entirely segregated, there was danger of constant overlapping which resulted in the allotment of these specialties to their particular sections. This does not mean that misplaced clinical material has been ignored. Such material is given consideration in the mid-morning conference. The paediatric department is considered quite separately, and the program takes into consideration all the ailments of children including corrective orthopaedics.

The duties of the supervisors in this type of teaching are: (1) To aid in the organization of the material to be presented in such a way that the clinical education of the student would be completed in the time allotted for her practical experience. (2) To be personally responsible for the perpetuation of the program. (3) To introduce constructive changes and ideas, and by her own activity stimulate the interest of the student.

The early morning talk occupies five to ten minutes immediately following the report, two or three mornings a week. Regular days are chosen and as far as possible these remain unaltered in order to establish the routine. The subject must be treated briefly, concisely and with interest. It has proven advisable for the head nurse to coach the new participant but to offer tangible assistance only when absolutely necessary. There is a wealth of material in this type of teaching and, in spite of the early hour, the students do grasp the important points and theory and practice become realistic.

Following the inauguration of the early morning talk, the next phase of the program was to return to the mid-morning conference. At the present time, two days of the week are definitely set aside as conference days, Wednesday for the senior clinic, Thursday for the junior. They continue to be of one-half hour duration and at 9.30 in the morning. Occasionally, to suit a participating doctor, the time is altered but even the doctors find that the time selected is most suitable. Fifteen students can be accommodated but the groups rarely include more than ten or twelve. The majority of the conferences are conducted by the students themselves but, to offer a change, the resident or senior interne is asked to present interesting and important aspects of medicine and surgery. The men have cooperated well and their participation has proven of definite value.

Since this is a university hospital, the attending staff is responsible for the clinical instruction of the medical students and for this reason the nursing staff hesitates to burden them with other than formal classroom teaching. For the same reason the nursing staff has not felt justified in utilizing the bedside clinic to any extent as a mode of teaching. Some of the attending staff have participated most effectively, and in time it is hoped that they will become more interested in the clinical education of the student nurse.

The senior conference topics are more or less according to the available clinical material and are usually cases of particular interest, those presenting definite nursing problems, cases corresponding to the lectures, or, as frequently happens, topics suggested by the students themselves. The junior clinics are presented as closely as possible in relation to the lectures given in medicine and surgery, and the cases discussed are of a routine nature involving no complex nursing care. Topical outlines are prepared for all the conferences and are given to each of the students. These the students are encouraged to complete and retain for future reference.

In appraising the results of such experimental teaching one must first be aware of the difficulties which new supervisors meet. When added up they do not amount to very much. However, in an attempt to be of some value to other clinical instructors, it is necessary to cite some of the obvious mistakes and unnecessary manoeuvres experienced. In the first instance, the attempt to put the early morning report talk into action in all departments netted fewer results than were expected. It was found that all head nurses do not take readily to the suggestion of teaching, probably because of lack of teaching experience or because they do not recognize the opportunities for more formal teaching on the wards. However, the departments in which resistance had been anticipated have given very good results, and some of those that started out with interest and effort have fallen by the wayside. The writers would suggest that the original wards be selected carefully, that the available clinical material in each department be outlined, and that rather than attempting to spread the clinical material far and wide a small important section be chosen and well incorporated into the daily educational routine of the department. As one program is organized, the next will be easier as word travels quickly and the students usually show such keen interest that they themselves aid in the extension of the plan.

In any large institution there is bound to be the individual who feels that she can carry on independently of the teaching supervisors. That individual is usually one who has the ability and the will to do a good piece of work, but it must be realized that the programs of each department forms a unit in the entire clinical program of the school. Should such a situation arise, and it does not seem to be uncommon, it has proven best to let the department carry on alone without antagonism, and it is then the duty of the supervisor to make a place for herself, that she may gradually and tactfully guide the program into the desired channels. It has not been an easy thing to gain professional approval and cooperation in this venture. Time alone will tell. When groups of nurses are seen collected on the wards or in an office the eternal question "isn't this a waste of time" is raised. This question can only be answered by the presence of more interested and efficient groups of student nurses taking part in our ward activities, while patients receive the attention of understanding and intelligent professional workers.

The Modern Conception of Scarlet Fever

LAWRENCE E. RANTA, M.D., D.P.H.

T. E. Lawrence, in referring to some of the Arabian customs, mentions the fact that when a guest has been invited to dine with his host, he becomes a member of the family circle of friends, and as such he must, forevermore, temper his remarks so that his host cannot be offended by them. Often, he must temper his remarks so much that his praise becomes flattery and the teeth fall out of his well-intended criticism. Not having been brought up to the niceties of Indo-Semitic etiquette, I, herewith, tender my declaration of independence. I feel that if I must "sing for my supper", I should have the privilege to sing the tune as I think it should be sung. I shall not feel the least provocation to apologize if my remarks offend your time-honoured ideas. I can only say, if your ideas are offended, pluck them out! It is my intention to look at scarlet fever in the light of scientific knowledge, not in the light of empirical wishful thinking that colours your daily attempts to control the disease.

You may ask, why all this concern about a disease that apparently occurs so rarely in the province of British Columbia? In 1939, there were only 594 cases reported, with a case fatality rate of a mere 0.2 per cent. This incidence and case fatality rate is probably the lowest in the Dominion. Surely your methods are adequate—wellnigh ideal! But you do nothing more, less, or different than is done in provinces where the incidence and case fatality rate are three times as great. Chance, good fortune, or the kindness of Providence account for your low rates. And the greatest of these three is too fickle to depend upon!

To get a proper picture of the disease, to arrive at its fundamentals, we must trace the three threads that constitute the pattern of the disease. The first thread is the history of the disease, the second is the history of the etiological agent, and the third is the history of the control of the disease. If we pick these up at their beginning and trace them through to the present day, we should arrive at the modern conception of scarlet fever.

Possibly the first reference that we have to the disease is that of Ingrassias, an eminent Neopolitan physician who practised in the middle of the sixteenth century. Doubtless the disease had existed from the earliest times, but had been unrecognized because of its confusion with the rest of the acute exanthemata, especially small-pox and measles. Despite Ingrassias' prior reference, the classical description and the name is ascribed to Sydenham, an English physician, who, in 1661, gave a full account of the clinical aspects of the disease under the name of "febris scarlatinae". Sydenham's description is that of a mild form of the disease, much as it is here in Vancouver. There is no mention of the violently toxic disease that has occurred in several epidemics on this and the European continents — a disease so virulent that the patient dies within 24 hours of the onset of the sore throat.

So much for the information that we require from the first thread! For our conception of this disease, from the clinical aspect we need know only that the severity of the disease varies from year to year in any one area, and that it varies from locality to locality. Even in

Canada there are local variations in the severity of the disease. In Eastern Canada the clinical variety is at least three times as severe as it is in British Columbia, if the case fatality rate is an index. It is inconsistent with our knowledge to believe that this is due to some inherent difference in the immunity of the two sections of the population. Hence we must look for the answer in some other direction.

Let us now examine the second thread of the pattern. The search for the etiological agent of scarlet fever was a long and disappointing task for a great number of workers. As early as 1884, Loeffler and Crooke described the finding of a streptococcus in the blood of patients who had died of the disease. They named this organism the "streptococcus scarlatinae". However, because this organism seemed to lack specificity, their work was disputed by the majority of workers. Countless attempts were made to determine the causative agent, and innumerable organisms were incriminated, but all in vain, for the methods of bacteriology had not advanced far enough until 1903, when Schottmuller presented his classification of streptococci. Now, at least, it was possible to differentiate the haemolytic streptococci from the rest of the genus.

Actually the cause of scarlet fever was discovered two years later, in 1905, by Gabritchevsky, a Russian worker. In attempting actively to immunize children against scarlet fever, he inoculated them with a small amount of heat-killed culture of haemolytic streptococci and noted that some children developed scarlatinal symptoms, while those children who had had scarlet fever remained symptomless. Gabritchevsky's untimely death in 1908 left his work unfinished, and although his vaccine was employed in Russia for some years, it never received wider recognition, and his reports were lost in the Russian Medical Archives.

The medical world had to wait until 1923, when George and Gladys Dick of Chicago definitely established the etiological relationship of the streptococcus haemolyticus with scarlet fever. For the decade following 1923 attempts were made to classify the disease-producing haemolytic streptococci, but the situation only became more complex. However, in 1933, Rebecca Lancefield reported that by means of serological reactions she was able to divide the whole sub-genus of streptococcus haemolyticus into "groups". Her work and that of Griffith showed that over 99 percent of human streptococcal infections were caused by organisms that fell into the *Group A*. This was an extremely important fact. As far as human infections were concerned, we could now concentrate on the *Group A* haemolytic streptococci. It seemed very simple. However, again the situation began to multiply in complexity. Griffith found that in the *Group A* there were over a hundred different strains responsible for human infections. This was not the most disconcerting fact. He found that the organisms would not play the game of infection fairly. He would isolate a strain from scarlet fever, and possibly the next time the same strain appeared it would be from a case of erysipelas, or puerperal sepsis. Then it gradually became known that the strains in *Group A* were not specific; that is, there was no such a creature as a scarlet fever streptococcus, or an erysipelas streptococcus. It was a shocking state of affairs. In fact, all of these diseases, scarlet fever, epidemic sore throat, erysipelas, puerperal sepsis, and the other streptococcal infections, can no longer be regarded as clinical entities, but merely as different manifestations of the same disease.

In the study of strains isolated from scarlet fever cases, it was found that the rash was caused by a toxin, the erythrogenic toxin, elaborated by the organism. It was observed, also, that some strains would produce only a small amount of toxin, while others would produce a large amount. This fact offers one answer to the question why one locality may have a more severe type of scarlet fever than some other locality.

At this stage we should pick up the third thread, the history of the control of scarlet fever. Avoidance of the ill was probably the beginning of compulsory isolation and quarantine, which, in the case of scarlet fever, was being carried out in some parts of England prior to 1875, the year of the passing of the Second Public Health Act. This Act sponsored quarantine — isolation and quarantine just as it is practised today in British Columbia and most other enlightened areas of the world. From your knowledge of the multipotentiality of the *Group A* organisms, you are able to suspect just how much your methods of quarantine can do in the case of scarlet fever. Even public health authorities have little confidence in it, otherwise they would agree. On this continent, scarlet fever is quarantined anywhere from 60 to 21 days in various localities. Of course this is just like trying to control tuberculosis by isolating every tenth open case. Also, to make matters worse, the majority of your cases of scarlet fever are released from quarantine without your knowing whether they are free of *Group A* haemolytic streptococci. Not only is that not public health practice, it is not common sense.

The second method of attempted control of the disease is the use of specific prophylactic agents. About 1925 the use of scarlet fever toxin was begun, and it was claimed to be the answer to the scarlet fever problem — that scarlet fever control must include *Group A* haemolytic streptococcus control. Therefore, the question must be answered: does scarlet fever toxin prevent infection by all of the *Group A* organisms? Unfortunately it does not. Scarlet fever toxin immunization protects only against the heavy toxaemia that may occur during streptococcal infections. It will reduce the death rate from streptococcal infections and will prevent the toxic complications of myocarditis and nephritis — a sufficiently important feature to warrant its more widespread use. Let us now attempt to tie the threads together, to examine the composite pattern. An explanation of the variety of clinical forms of scarlet fever has been advanced; namely, that the local mildness or severity of the disease depends upon the *Group A* streptococcus haemolyticus flora of the locality. It is possible, at any time, for the environment to be invaded by an organism that is a powerful erythrogenic toxin-producer, with a resultant increase in the severity of the disease.

Because of the multipotentiality of the *Group A* organism, it is easy to see why the current quarantine methods are more traditional than adequate. This inadequacy of quarantine, combined with the knowledge that scarlet fever toxin immunization will not prevent streptococcal infection, makes it clear that the final elements of control are not at hand.

At present, scarlet fever toxin provides us with the only recognized means of active immunization, and certainly its use should be encouraged, but I feel that the complete solution to the problem will not be forthcoming until an anti-bacterial agent has been developed. The responsibility for the discovery of an antigen that will induce anti-bacterial immunity must be left to the laboratory worker, but you have your part to play.

The revision of your methods of attempted control of streptococcal infections is now overdue. It is no longer consistent with our knowledge to confer a specificity upon scarlet fever and ignore its causal relationship with the multitude of *Group A* haemolytic streptococcal infections. No longer is it consistent with our knowledge to release a patient from quarantine without laboratory assurance that he is free of *Group A* organisms. Your debt to the public that entrusts you with their health is the logical and common-sense application of isolation and quarantine, based upon the modern conception of scarlet fever.

Swift Running Water

A convenient place of meeting, because the wood along the Bow and Elbow Rivers was the best in the Northwest for the making of bows, Calgary was a business centre for Indian tribesmen countless centuries before the coming of the first white men. Richly endowed by nature, with the Rocky Mountains on the western horizon, Calgary still lures the traveller from afar to partake of her hospitality.

According to generally accepted records, Chevalier de Niverville led the first party of white men along one of the great rivers into Alberta and established the mysterious Fort la Jonquière near the Rocky Mountains in 1751, although whether near Calgary or Edmonton no one knows. There was no exploration of the west for exploration's sake. Each of the pioneers sought wealth in some form—Chevalier de Niverville with dreams of gold and jewels, and Anthony Hendry, who came down from Hudson's Bay in 1754, with the hope of persuading the Indians to go to the Bay to trade their furs instead of to the French posts along the Great Lakes.

During the first half of the nineteenth century some famous names appear in the history of Alberta—Sir George Simpson, a Hudson's Bay Factor, on one of his whirlwind crossings of the continent; Sir John Franklin, slowly moving north towards the Arctic where he was to die; David Douglas, serenely unconscious of danger, gathering flowers for the Royal Horticultural Society of Great Britain; Paul Kane, the first great Canadian artist, preparing for posterity his sketches of the great lone land. Forerunners of the new era came in 1860—Captain Palliser, servant of the British Government; S. J. Dawson and Henry Youle, sent out by Canadian authorities.

On July 15, 1870, Rupert's Land and the Northwest Territories were united with the Dominion of Canada. The first Lieutenant-Governor, the Honourable A. G. Archibald, arrived at Winnipeg, on September 2, a few days after Louis Riel had fled the prairie capital. In 1874, the Northwest Mounted Police, formed on the recommendation of Captain Francis Butler, started their march westwards and the wild days of the West were over.

Colonel James F. MacLeod, coming west with the first contingent of Police, named the tiny fort Calgary,

signifying in Gaelic "swift running water", after a place near his old home in the Isle of Skye. In 1884, the town was incorporated with a population of 500 persons and ten years later became a city. In the towns and cities of Alberta are many who remember the brave days before 1890 when what was to be the Foothills Province began to reveal what it held in store for men and women who made their home within its boundaries.

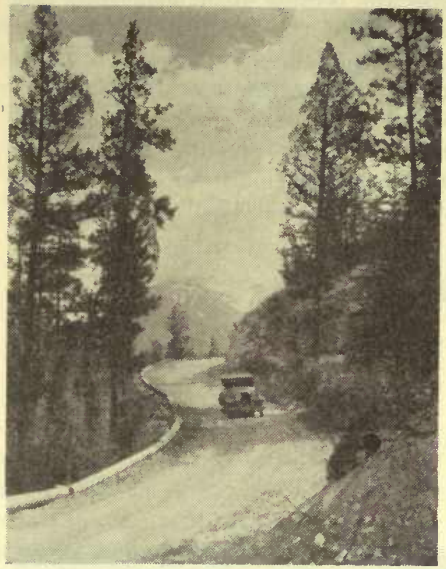
Nestling in the foothills and in the shadow of the mighty Rockies, Calgary is known as the City of the Foothills, but Sunshine City might be more appropriate, because of the abundance and brilliance of the sunshine and also the sunny, happy, friendly disposition of her people. The members of the Canadian Nurses Association may rest assured that a friendly greeting awaits them when they assemble for the General Meeting in June, 1940.

The President of the A.A.R.N.

Welcome, on behalf of the Alberta Association of Registered Nurses, will be extended by its president, Miss Rae Chittick. Since 1926, Miss Chittick has held the position of instructor of health education in the Provincial Normal School, in Calgary, Alberta. She is a graduate of the Johns Hopkins School of Nursing, and holds the B.Sc. degree in health education and public health nursing conferred by Columbia University. In addition to being a recognized authority in the field of health education, Miss Chittick has the gift of a vivid and charming literary style and there were many favourable comments on her delightful article "Nursing comes to the Last Frontier", which appeared recently in the *Journal*. Elsewhere in this issue, under the caption of "Swift Running Water", Miss Chittick tells us about the stirring pioneer days of Calgary. The Canadian Nurses Association has made a good choice of its place of meeting.

The Land of Happy Holidays

CYRIL G. WATES



The Province which the Marquis of Lorne named in honour of his wife is known by various descriptive titles. To some it is "Alberta of the Golden Grain Fields", to others, "Alberta, the Trial Ground for Sociological Theories"; but as time passes, the Province is earning itself a new title: "Alberta, the Land of Happy Holidays." It is in the western part of the Province that we find the holiday surroundings which are so uniquely characteristic of Alberta — the main range of the Canadian Rockies with their mighty peaks and glaciers, hot springs and icy lakes, waterfalls and shady spruce forests. Here is a land of happy holidays indeed, and even from a purely commercial standpoint, the National Parks of Alberta are a source of wealth many times as great as an equal area planted in wheat.

Proceeding west from Edmonton, we enter Edson, a prosperous little town pleasantly situated in a forest of second-growth spruce. For several miles beyond, the road ascends a long gentle grade. As the car tops the crest, a wide prospect opens and, far away in the southwest, we get our first glimpse of the mighty escarpment of the Rockies, its grey ramparts softened by the blue haze of distance and broken here and there by the silvery gleam of snowfields. Now the road swings to the south and descends a long hill to the valley of the "Mighty Athabaska". Here we enter historic ground; we are following the footsteps of the explorers and fur traders who opened a route to the Pacific up this valley, more than a century ago.

The mountains are drawing close, dominated by a great limestone peak whose western face falls away in a sheer precipice over two thousand feet in height. This is Roche Miette, first of many peaks in the region which bear French names, given to them by Father De Smet, the Catholic priest who passed along this route in 1846 and wrote humorously of his efforts to remove the superfluous fat which he feared would encumber him in crossing the mountains.

A sign appears — "one mile to Park Gate" — and we slow down and stop at a little stone building where a genial official of the Dominion Government registers our names and makes out our camping permit. Do not decline his offer of a drink from the tiny stream which flows over a miniature waterwheel by the road. It is a magic potion which will draw you back to this Land of Happy Holidays, even from the ends of the earth.

Now we are in the very heart of the Rockies. At the first bend of the high-

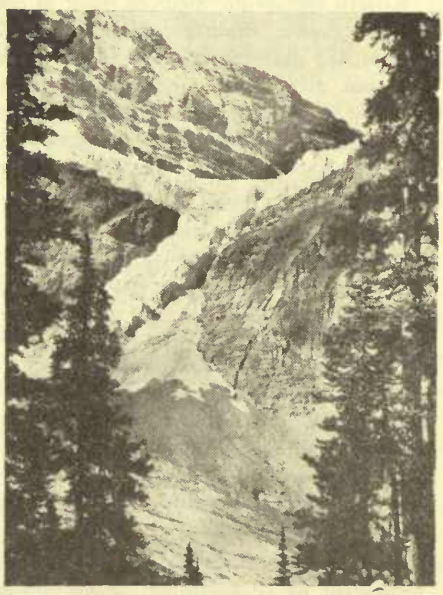
way the plains disappear, not to be seen again during our visit to Jasper Park. We cross Fiddle Creek and come to a fork in the road. Turning to the left we drive for eleven miles over one of the most remarkable pieces of highway engineering to be found anywhere in Canada. We pause for a brief stop at Punch Bowl Falls, and then continue to where, set like a sapphire in a narrow canyon, the Government Swimming Pool collects the steaming sulphur waters of Miette Hot Springs, known to the Indians for hundred of years for their curative properties. Do not be surprised if mountain sheep come down from the hills to watch your antics in the warm water, or cluster around your back door in the early dawn. The big-horn sheep have frequented this valley for thousands of years, and are not to be driven away by the intrusion of two-legged animals, carrying bathing suits and cameras.

Back on the main road, we follow the Athabaska south. Three miles beyond the fork we pass the Disaster Point Hut, one of the numerous cabins maintained by the Alpine Club of Canada for the use of its members and their friends. If you like scrambling and have an introduction from a member of the Club, you can stay at this resort, with its spacious verandahs and cosy living room. The frowning cliffs of Roche Miette are right at your back door, and you can enjoy rock climbing to your heart's content.

Twenty miles further, and we enter the town of Jasper, headquarters for Canada's greatest National Park, and gateway to the most dramatic mountain scenery on the North American continent. It is no longer a question of how long you will stay. What will worry you is what is the last moment of happiness you can snatch without losing your job!

It is impossible to catalogue all the beauty spots of this wonderful vacation land, but there are a few trips you must not miss on your first visit. Drive to Pyramid Lake, nestling at the foot of Pyramid Mountain, whose glowing cliffs have earned the name of "the fire opal of the Rockies". Visit Lac Beauvert and the Lodge, where they will show you the cottage where the King and Queen paused to rest on their historic journey across Canada. Only nine miles away you will find Maligne Canyon, where, from rustic bridges, you may gaze down into gloomy abysses filled with the roaring of water.

Another unforgettable day should be spent at the foot of Mount Edith Cavell. The broad sweep of glacial ice, the mighty cliffs of the great peak whose snowy summit is poised in the deep blue sky more that eleven thousand feet above sea level, the spreading "wings" of the Angel Glacier broken into the semblance of feathers by yawning crevasses; these



The Angel Glacier

are things you will remember long after your holiday is over.

You may want to leave the Park by the new Jasper-Banff Highway, that marvellous road which follows the very crest of the continent. Motors speed safely where, in past years, the silence was broken only by the roar of mountain torrents and the crash of avalanches. Do cataracts stir your admiration? Athabaska Falls, Sunwapta Falls, Panther Falls, challenge comparison with the famous torrents of the world, if not in volume at least in height and impressive power. Do you yearn for the peaceful shimmer of mountain lakes? Waterfowl Lakes, Peyto Lake, Bow Lake and a dozen others await you; each with its own peculiar charm and each set in surroundings of indescribable grandeur. Are you interested in glacial phenomena? These mighty frozen rivers descend from the peaks on all sides, and at one point you can drive your car to the very edge of the ice and set foot on the glassy surface where, in the winter, skiers speed over the unbroken snow.

Above all, if you are a mountaineer, there is a new world awaiting the tread of your nailed boots. Peaks of every height and difficulty are strung along the two hundred mile length of the new highway. Experienced Swiss guides are available and the Alpine Club of Canada offers its extended resources to all who feel the call of the sunny summits.

Reader's Guide

Modern therapeutic methods, such as continuous gastric drainage, require unusual skill on the part of the nurse. **E. Gertrude Ferguson** gives an admirably clear exposition of a difficult procedure. Miss Ferguson is instructor of practical nursing in the School of Nursing of the Ottawa Civic Hospital. ,

For a long time we have been trying to persuade special nurses to say a word on their own behalf and now **Elizabeth A. Smith** speaks with a sympathetic understanding which is based upon personal experience. Miss Smith is a graduate of the School of Nursing of the Montreal General Hospital, and has the enviable reputation of being "the sort of nurse you would like to have if you were very ill".

Although the value of bedside teaching is recognized by all competent instructors and head nurses, it is not always easy to arrange a program which is mutually acceptable. **Ethel J. Rolston** and **H. Clare Henderson** show how this may be done, provided that unselfish co-operation is available. Miss Rolston is surgical nursing supervisor, and Miss Henderson medical teaching supervisor, in the University of Alberta Hospital, Edmonton, Alberta.

A definite challenge is conveyed in the modern conception of scarlet fever, as presented by **Dr. Lawrence E. Ranta,** assistant professor in the department of bacteriology and preventive medicine in the University of British Columbia. Dr. Ranta's article is the substance of an address delivered before the Public Health Section of the Registered Nurses Association of British Columbia.

The Alpine Club of Canada includes in its membership some of the most distinguished mountaineers in the world. **Mr. Cyril G. Wates** is the president of the Club, and the *Journal* is proud to publish his article on "the land of happy holidays".

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

International Council of Nurses

Miss M. McEwan, tutor to the Public Health Students of the Royal College of Nursing, London, England, who was appointed chairman of the Public Health Nursing Committee of the International Council of Nurses following the Quadrennial Congress 1937, found it necessary to resign within recent months.

Miss Edna L. Moore, Chief Public Health Nurse, Division of Child Hygiene and Public Health Nursing, Department of Health, Ontario, has accepted the chairmanship of the International Public Health Nursing Committee. The personnel of this Committee consists of the chairman of corresponding committees in national member organizations of the International Council of Nurses. The Canadian Nurses Association's representative is Miss Margaret Kerr, Chairman, Public Health Section, C.N.A., and instructor in the Department of Nursing and Health in the University of British Columbia.

General Meeting

In previous issues of the *Journal* these *Notes* have included quite an amount of detail on the twentieth General Meeting of the Canadian Nurses Association which is to be held in Hotel Palliser, Calgary, Alberta, from June 24-29, 1940. An outline of the programme appeared in the April number of the *Journal*. The speakers who have accepted invitations to address the General Meeting are: Mrs. Rex Eaton of Vancouver, whose address on "A Lay Woman Looks In" will follow the presentation ceremony of the Mary Agnes Snively Memorial Medals on Tuesday evening, June 25, and Dr. A. Vibert Douglas, Dean of Women, Queen's University, Kingston, Ontario. Dr. Douglas, as dinner speaker, has chosen as her topic "A Threefold Challenge." The dinner is scheduled for Wednesday evening, June 27.

As the Canadian Nurses Association develops, the construction of a programme for General Meetings produces numerous problems. At present the programme must be based on the requirements of a national association which, as a federation of the nine provincial associations of registered nurses, represents over 16,700 affiliate members. Coupled with this type of organization is the regulation in the by-laws by which the Association meets biennially.

While the Programme Committee recognizes that a portion of those who attend a national meeting might prefer to listen to paper after paper or address following address, of necessity the plan of programme must allow sufficient time for the presentation and discussion of reports. The general plan by which the National Organization can best promote and achieve the objects for which it exists is through the effective workings of the special committees by which revision of policies and expansion of varied projects must be studied, therefore at a general meeting the findings and recommendations of special committes should be thoroughly discussed before decisions can be reached and plans made for future development.

Nurses who attend the General Meeting should arrange to remain until the close of the final session as, in both programme and entertainment, Friday should be an outstanding day. At the morning session the Provincial Associations and the National Sections will report activities for the biennium 1938-1940. As these reports are read and discussed there are created understanding and appreciation of problems and developments, similar and dissimilar, which demonstrate the need for unity of purpose among Canada's nurses.

By purposeful arrangement, the forum on Friday afternoon brings opportunity to analyse the responsibilities of nurses, and nursing service, as these arise in time of war and later during the reconstruction period. The forum is to be conducted by members of the Association who, after serving as Nursing Sisters with the Royal Canadian Army Medical Corps 1914-18, have continued progressively active in the interests of their profession.

At the final session on Saturday morning, the Resolutions Committee brings in its report; this means that decision must be made on all resolutions not adopted at time of presentation throughout convention week. Usually an interesting item of business at the final session is the announcement of election results and the installation of new officers, as the present officers are the only nominees to office for the next biennium, an election will be unnecessary. The following members will serve during 1940-42: President, Miss Grace M. Fairley, Vancouver; first vice-president, Miss Elizabeth L. Smellie, Ottawa; second vice-president, Miss Marion Lindeburgh, Montreal; honourary secretary, Miss Kathleen I. Sanderson, Vancouver; honourary treasurer, Miss Alena J. MacMaster, Moncton.

All members in good standing in the Provincial Associations are privileged to participate in discussion. The voting body at a general meeting consists of the official delegates from each federated unit. This official body only is permitted to vote on questions that have been submitted previously to the Provinces. On all other questions where the policy of the Provincial Associations is not involved, all members in good standing may vote.

It is advisable for members to carry with them their provincial membership card as a means of identification.

The hostess organization, the Alberta Association of Registered Nurses, assisted by local groups of nurses in Alberta, has arranged a programme of entertainment which includes:

Monday, June 24: A dinner in honour of the Executive Committee of the Canadian Nurses Association, by the Executive Committee of the Alberta Association of Registered Nurses.

Tuesday, June 25: Following the evening session, a reception will be held with the Alumnae of Schools of Nursing in Alberta serving refreshments.

Wednesday, June 26: A breakfast at 8.15 a.m. for Roman Catholic delegates at the Hotel Palliser, following a special Mass at Holy Cross Hospital.

At 12.30 noon, a luncheon for the Overseas Nursing Sisters Association of Canada and later a tea for the same group at the home of Mrs. John Burns, with the Alberta Division as hostess.

On Wednesday evening, the customary dinner held at each general meeting will take place in the Hotel Palliser.

Thursday, June 27: Luncheons have been arranged for Canadian University Alumnae; the evening is reserved for social functions as arranged by various Alumnae, etc. Also at 9 p.m. in the Hotel Palliser, a film on life as a student at the Florence Nightingale Inter-

national Foundation will be shown by a former student, Miss Claribel McCorquodale, of Toronto.

Friday, June 28: From 12.15 to 2.15 p.m., the Instructors Group and the Provincial Registrars each meet for luncheons. These luncheons are first attempts by each group to meet during a general meeting.

Later in the day, the nurses are to be the guests of the Department of Public Health for the Province of Alberta at a lawn supper at the Central Alberta Sanatorium, while during the evening the guests will enjoy a drive by motor car to the Turner Valley, famous for its oil fields.

Hotel Rates

In previous issues of the *Journal*, under the caption of *Notes from the National Office*, the statement was made that the rate charged by the Palliser Hotel for rooms accommodating three persons is $1.25 per person. The convener of the Arrangements Committee now explains that this information is not correct and that the rate charged is $1.75 per person.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Graduate Staff Nurses, Provincial Mental Hospital, Ponoka	$10.25
Lethbridge Graduate Nurses Association	5.00
Medicine Hat Graduate Nurses Association	5.00
Nursing Staff of the Junior Red Cross Hospital, Calgary	2.00
Overseas Nursing Sisters Association, Edmonton Branch	10.00
Public Health Nurses, Province of Alberta	21.00

Nova Scotia:

A.A., City of Sydney Hospital Sydney	5.00
Cape Breton and Victoria Branch, Registered Nurses Association of Nova Scotia	10.15
Cumberland County Branch, Registered Nurses Association of Nova Scotia	10.15
Valley Branch, Registered Nurses Association of Nova Scotia	15.00

Ontario:

A.A., McKellar Hospital, Fort William	5.00
A.A., Ross Memorial Hospital, Lindsay	5.00
District 7, Registered Nurses Association of Ontario	10.00
Florence Nightingale Association of Windsor	5.00

Prince Edward Island:

Registered Nurses Association of Prince Edward Island	50.00

Quebec:

Montreal Association of Overseas Nursing Sisters	3.00

Saskatchewan:

A.A., General Hospital, Moose Jaw	3.00
A.A., General Hospital, Regina	5.00
A.A., Grey Nuns' Hospital, Regina	5.00
A.A., Queen Victoria Hospital Yorkton	5.00
Anna Turnbull Hospital, Wakaw	2.00
General Hospital, Birch Hills	5.00
Miss M. E. Ingham, Moose Jaw	1.00
Public Health Section, Regina	3.50
Public Health Section, Saskatoon	3.25
Queen Victoria Hospital, Yorkton	3.80
Registered Nurses Association, Regina	10.00
Registered Nurses Association, Saskatoon	5.00
School of Nursing, St. Elizabeth's Hospital, Humboldt	5.00
School of Nursing, Holy Family Hospital, Prince Albert	3.00
School of Nursing, Grey Nuns' Hospital, Regina	5.00
School of Nursing, St. Paul's Hospital, Saskatoon	5.00
Union Hospital, Cabri	2.00
Union Hospital, Gull Lake	2.00

The M.A.R.N. Annual Meeting

GERTRUDE M. HALL

Nurses and students from many parts of Manitoba recently gathered in Winnipeg to attend the annual convention of the Manitoba Association of Registered Nurses. The invocation was pronounced by the Rev. Mr. Donnelly, and an address of welcome was given by Mrs. J. S. McDiarmid, and replied to by Miss Millicent Turner, of Neepawa. Miss Evelyn Mallory, in an excellent presidential address, restated the objectives of the Association, and the following note of warning was sounded:

> While hospitals are faced with such heavy financial burdens and when retrenchment becomes so necessary, either nursing education must be made to cost less or it must be financed from sources outside the hospital. If the hospital must compromise by utilizing the services of ward-aids or attendants along with graduate nurses, the problem then arises as to the control of the subsidiary worker. That we should be prepared to meet this situation is the challenge we must accept.

The Executive Secretary and Registrar reported on the progress of the Association, including an increase of 22 percent in the active membership. Two hundred and fifty-four new registrants were granted membership during the year. A study of the results of the 1939 registration examinations has been made and graphs illustrating these results were on display during the convention. The Executive Secretary also gave a synopsized report of the recently completed survey of the Schools of Nursing. A Provincial Committee has been appointed to study the report, with a view to assisting in implementing measures for improvements. Among the problems requiring consideration, is the need of revision of the Act respecting registration. The lack of legislation in respect to requirements of hospitals conducting schools of nursing is a handicap, and although the content of the curriculum has been increased, this has been accomplished by superimposing it upon the structure already there, and we are on exactly the same educational pathway we were treading twenty-five years ago. Integration of the sciences, with examples as to how this might be accomplished, was offered as one means of remedying the problem of an overloaded curriculum. Attention was drawn to the educational exhibit on display which indicated the requirements of a good School of Nursing. This consisted of a cardboard structure 36 x 39; the windows were formed of pictures, obtained from several schools of nursing in Manitoba, illustrating desirable features such as a teaching unit; library; living conditions; affiliated services; provision for extra-curricular activities, qualified personnel.

Reports from the following Nurses Associations in the Province were heard with interest: Brandon, Dauphin, Portage la Prairie, and Flin Flon. These were followed by reports of the activities of the various Sections, Committees and representatives to affiliated organizations. Each report showed evidence of progress being made and an awareness of the needs of the future.

Professor H. M. Clokie of the Department of Economics, University of Manitoba, gave a most interesting address on "Conserving the Elements of

Citizenship". Dr. A. C. Sinclair, of St. Boniface Sanatorium, gave an excellent address on thoracoplasty, illustrated by moving pictures. Dr. A. T. Mathers spoke on sleep and sleeplessness, and suggested that this condition merits greater thought from the medical profession than is usually given to it. Measures which sufferers from insomnia might employ were outlined. Dr. J. T. Cruise spoke on infections of the outer ear and emphasized that if neglected, they might lead to serious impairment of hearing.

An excellent demonstration was given of the methods of education employed at the School for the Deaf showing how beginners are taught to read and write. The importance of lip-reading was stressed and the principal asked for co-operation in getting children into touch with the school as near the age of seven years as possible. A demonstration, by children from the City schools, was given in the form of a health play which illustrated the value of this form of health teaching. The Rev. Father Wood was the guest speaker at the Nursing Education luncheon and his stirring address on patriotism will not soon be forgotten. An interesting demonstration of the nursing care of the rheumatic patient was given by members of the Brandon Graduate Nurses Association. Emphasis was placed on "quality" nursing and was ably demonstrated by the group. During the tea hour, interest was centered on the "fashion promenade", followed by a round-table discussion of nursing problems.

On Saturday afternoon, Miss Mildred Wilkins, health instructor in the Winnipeg General Hospital, gave an excellent outline and demonstration of the integration of public health in the curriculum. Miss Violet Hannon, health instructor in the Provincial Normal School, told about the instruction which is given to enable teachers to take a health programme into their classrooms. Twelve preliminary students from the School of Nursing of the Winnipeg General Hospital conducted a round-table conference, beginning with the query: "What happens when we consume a tomato and bacon sandwich"? Tracing the digestion throughout, the students were all unconscious of the audience who listened in amazement at the knowledge these embryo nurses had already acquired. Miss Edith McDowell, the science instructor, might well be proud of her achievement in trying out this new method of teaching.

The closing session took the form of a banquet at which more than 250 guests gathered and over which Miss Eva McNally presided. Dr. W. C. Graham, Principal of Wesley College, gave an excellent address, in which he spoke of changes in the field of general education. In shaping the educational activities of any profession, and particularly those highly institutionalized, one should press steadily toward the strict observance of the principle that the service which a candidate may render during training is always subordinate in importance to the service he or she will render after training is over, was Dr. Graham's contention.

Fourteen schools of nursing had student representation throughout the convention, and musical numbers were contributed by students from the Winnipeg Schools of Nursing during several of the sessions.

The officers elected for the coming year are: president, Miss Evelyn Mallory; first vice-president, Miss Lois Lethbridge; second vice-president, Miss E. McDowell; chairman of the nursing education section, Miss E. McDowell; chairman of the public health section, Miss F. King; chairman of the private duty section, Miss C. Bourgeault.

THE A.R.N.P.Q. ANNUAL MEETING

The twentieth annual meeting of the Association of Registered Nurses of the Province of Quebec was held in Montreal during the second week of May and, as always, was an unqualified success. The official report will not be available before this *Journal* goes to press, but will appear in the July issue. By courtesy of the Executive Secretary, Miss E. Frances Upton, the *Journal* is authorized to publish the names of those who will serve on the Board of Management during the ensuing year. These are as follows:

President, Miss Eileen C. Flanagan, supervisor, Hospital Division, Montreal Neurological Institute; vice-president (English), Miss Mabel K. Holt, principal, School of Nursing, Montreal General Hospital; vice-president (French), Rev. Sister Valérie de la Sagesse, superintendent of nurses, Ste. Justine's Hospital, Montreal; honourary recording secretary, Miss Suzanne Giroux, superintendent of nurses, St. Luke's Hospital, Montreal; honourary treasurer, Miss Catherine M. Ferguson, lady superintendent, Alexandra Hospital, Montreal; members without office: Miss Margaret L. Moag, superintendent, Victorian Order of Nurses, Montreal Branch; Miss Fanny Munroe, superintendent of nurses, Royal Victoria Hospital, Montreal: Miss Maria Roy, nursing supervisor, Montreal Department of Health; Miss Alice Albert, local supervisor, Nursing Service, Metropolitan Life Insurance Company, Montreal; Miss Juliette Trudel, assistant to the superintendent of nurses, Ste. Justine's Hospital, Montreal.

A statement will be made later concerning the appointment of the chairmen of the various Sections, as well as the personnel of the advisory board, the board of examiners, and special committees.

OVERSEAS NURSING SISTERS ASSOCIATION

Arrangements have been completed for the seventh biennial meeting of the Overseas Nursing Sisters Association of Canada which will be held on June 26, 1940, immediately following a twelve o'clock luncheon at the Palliser Hotel, Calgary, Alberta. Our Matron-in-Chief, Miss Margaret MacDonald, R.R.C., L.L.D., will be present, and has allowed her name to be placed on the agenda for a short address.

A hearty welcome will be given by the presidents of the local units, Mrs. E. C. Higginbotham of Calgary, and Mrs. John Turner of Edmonton. Following the business meeting, the local units of Calgary and Edmonton will be hostesses to the Overseas Sisters at a tea and garden party at the home of Mr. and Mrs. John Burns.

Although Canada, as a member of the British Commonwealth, is again involved in war, it is hoped that delegates and many members from the units will be present to renew old friendships and make this a joyous occasion.

—MAY CRUMMY
Secretary-Treasurer, O.N.S.A.

THE LIPPINCOTT LOUNGE

Do you remember the delightful "Lippincott Lounge" which was such a popular rendez-vous at the Biennial Meeting of the Canadian Nurses Association in Halifax? Thanks to the courtesy of the J. B. Lippincott Company, the same gracious hospitality is to be extended again this year at Calgary. On the tenth floor of the Palliser Hotel, you will find a comfortable suite of rooms, reserved for ladies only, where you may rest between sessions, meet your friends, and relax in congenial surroundings.

STUDENT NURSES PAGE

The Vision of the Landscape Gardeners

GERTRUDE CRISFORD and IRMA SPIESS

Student Nurses

School of Nursing, Moose Jaw General Hospital

When constructed in 1904, our hospital was a three-storey brick building on the bank of the Moose Jaw River. A circular driveway led up to the imposing entrance where white colonnades stood guard on each side of the door. The river, flowing lazily below, could be approached by a flight of steps and a winding path across narrow "flats". Here were flower beds, tall shady trees, and benches.

This thirty-bed hospital did not long answer the needs of an ever-expanding community. A new wing was built back from the river, which, with the original hospital formed the letter T; later on yet another was added which transformed the T into an I. "The old order changeth yielding place to new", and the entrance was transferred to the new wing and now leads to a city street. The original building, called the "old wing", now stands at the back of the hospital in, dejected grandeur, somewhat resembling the ruins of an old southern manor, sorrowfully regarding the river and some rather neglected parkland.

Last spring the preliminary students of March, 1939, had a vision — that little beauty spot restored, a place to sit in the shade, read, talk, study under the trees. Here would be a haven where we might forget the extreme heat, the dusty dryness of the country beyond the "flats"; the river breezes and dampness might lessen the possibility of intrusion by grasshoppers. So we donned our slacks, obtained rakes, hoes, spades and set to. How our muscles did ache! But each day we looked forward to the evening out in the garden. And then came our great disappointment! It seems that several years ago, a mineral spring in the "flats" had left a salt deposit, rendering the soil unsuitable for most vegetation. Soil analysis at the Provincial Laboratory proved this to be so. Our vision nearly vanished, but as a consolation we were given a plot between the hospital and the nurses home and supplied with seeds and plants. Here we happily spent the evenings which followed.

We organized in groups and planned the lay-out of our garden. Suitably placed in the plot was one lone tree. We marked off corner and centre flower beds, the remainder to be laid in lawn. and decided the disposition of plants and seeds. Each group was given about twenty-five gladioli bulbs and these we planted in a separate plot. Prizes were offered for the best blooms and excitement was great (as was also experience

in growing gladioli). Mishaps were many, the workers were frequently called to the phone; social engagements prevented others from attending; the group in the centre bed mixed their seeds. And then in the midst of the seeding session, wonder of all wonders — it rained!

The strenuous preliminary labours over, and blistered hands healed, we watered and weeded in shifts, and eventually saw our garden bloom. But alas, for the centre bed! The small border plants were in the middle, entirely hidden by the taller outside plants. We had named it our "miracle garden" — a miracle "if", "when", and "where" the seeds came up!

We used our blooms for the decoration of trays and rooms, and the patients on that side of the hospital viewed with interest and anticipation our efforts at gardening. Despite drought, multitudes of grasshoppers, hail storms, our garden thrived and was considered a success.

And what of this year? We have our plot as before and, in addition, a larger area nearby, previously unplanted. We had observed with interest that weeds thrive in the little park by the river, so this year we will plant some hardy flowers, and perhaps potatoes to prepare the soil for future glory, and then await results. Maybe next year we shall realize our vision.

Obituaries

DULCIE JEAN MACPHERSON AUSTIN, beloved wife of Dr. Charles Austin, of Enniskillen, Ontario, died on April 17, 1940. Mrs. Austin was a graduate of the School of Nursing of the Kingston General Hospital, and a member of the Class of 1936.

ELIZABETH E. HARRIS died on April 3, 1940, in Ottawa, Ontario. In her passing, Canada loses an outstanding member of the nursing profession. Mrs. Harris (née Hagen) was a member of the first graduating class of the School of Nursing of St. Luke's Hospital, in Ottawa. After a short period of private duty nursing, she took over the field work of the then recently organized Ottawa Anti-tuberculosis Association. This was one of the first pieces of public health work attempted in Ottawa, and it is largely due to the courage and faithfulness of the nurse chosen to do it, that we owe its survival and present status.

Mrs. Harris was a graduate of Rideau St. Convent, and was a niece of the late Rev. Sister Theresa, of the Grey Nuns of the Cross. Sister Theresa was an outstanding educationalist, and the close companionship between her and her niece reflected itself in the forward vision and broad sympathies of the latter. Mrs. Harris was noted ever for her loyalty and honesty. Sham, and foolish pretence had no place in her scheme of things. Ottawa has lost a fine citizen, and everyone who knew her has lost a friend.

Nursing Service, R.C.A.M.C., C.A.S.F.

The Canada Gazette announces that Nursing Sisters, M. Macdonald, L. A. Macdonald, and N. J. Enright have been appointed to be Matrons. The following have been appointed to be Nursing Sisters.

H. M. Randall, H. E. Sirrs, F. E. Richardson, M. B. Robinson, R. Rogers, M. P. Porter, H. E. L. Pangman, L. M. Parr, C. M. Mitchell, A. B. Jones, D. I. Horton, G. L. Hope, V. H. Hora, M. K. Hunt, E. M. Gordon, I. M. Fairfield, E. A. M. Disher, M. E. Dewar, J. L. Clemens, J. A. Clifton, M. K. Scott, M. E. Walters, L. M. Hamilin, F. M. Matthews, F. E. Tyner, M. J. Watt, L. McNee, H. F. Carson, H. V. Sinclair, M. C. Mahon, G. M. McCarthy.

A Canadian-Polish Ambulance Unit

A well equipped Unit, consisting of two motor ambulances, has been provided from a fund raised among Poles in Canada and transmitted to the Polish Relief Fund through the Canadian Red Cross Society. The Unit was formally handed over to the Polish Ambassador in London by Mr. R. B. Bennett, head of the Canadian Red Cross Society in England.

The commandant is Miss Patt Tuckett, a graduate of the School of Nursing of the Toronto Western Hospital, who served with distinction as a Nursing Sister during the last Great War, both in Canada and abroad.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Margaret Adams, who has been employed by the Liverpool branch for the past few months as a relief nurse, has been admitted to the Halifax staff. Miss Adams was formerly in charge of the branch at Canso, N. S.

Miss Verna Huffman has been transferred from the Brantford staff to the York Township staff.

Miss Jean Forbes has been transferred from the Montreal staff, where she held the position of assistant supervisor, to replace Miss Reid as assistant district superintendent of the Halifax branch.

Miss Ellen S. Reid has resigned as assistant district superintendent of the Halifax branch and is being replaced by Miss Jean Forbes.

Miss Margaret Merriam has been granted leave of absence from the Yarmouth branch for four months, and *Miss Anna MacKenzie* will take charge of the branch during her absence.

Miss Georgina Carr has been granted leave of absence from the Peninsula branch for four months. *Miss Helen Waring* of the Toronto staff will take charge of the branch during her absence.

Miss Amy Holden has been granted a three months leave of absence from the Newcastle branch. *Miss Eleanor Wheler* will replace Miss Holden as nurse-in-charge for this period.

Here's a Good Steer!

Of course you are coming to Calgary for the Biennial Meeting to hear what the Association is doing, to meet your friends, and find out what's new . . . . and then! Be thrilled by broncho busting, wild steer riding, chuck-wagon races, and meet a real cowboy at the Calgary Stampede. The Stampede was first held in 1912 and was incorporated as a feature of the Calgary Exhibition in 1923. Each year the Exhibition demonstrates the resources of the Province, and the livestock exhibits indicate how well Alberta is adapted for the raising of cattle, horses, sheep, swine and poultry.

The colourful Stampede Parade, about four miles long, includes Indians, old-timers, chuck-wagon outfits, and cowboys using over a thousand horses. It is a show of, and by, the range folk. Its daring and its spirit of adventure attract thousands of visitors from cities and towns far and near. City folks go "buckin' horse mad", and learn, as the thrill-packed days roll on, to pronounce rodeo with the proper western accent on the "de" which mysteriously becomes "day", and to know that excited yells of "rake 'em cowboy" do not necessarily involve the well-known instrument with which they clean up their lawns.

Cowboys own the streets and they appreciate it. Zing goes a rope, snap—it tightens around a visitor and the captive is led to a chuck-wagon stationed on a street corner. There he is fed range-cooked pancakes, or beans, or what-have-you right off the stove. "Eat up, mister", says the cook, and the visitor eats. It is very wise to eat.

Each afternoon you may see bucking-horse riding, wild-steer riding, wild-steer decorating, calf roping, wild-horse races, wild-cow milking. The world's best riders from Canada and the United States are contestants. Come to Calgary and add your voice to the western chorus of "Ride 'em, Cowboy".

Where to Give a Party in Calgary

When you attend the Biennial Meeting of the Canadian Nurses Association in Calgary you will surely want to arrange for a party, so here is a handy guide:

The Palliser Hotel: excellent facilities at various prices.

York Hotel: luncheon, 40 cents; dinner, 75 cents. A dining room accommodating 30 persons is available; also 2 rooms, each accommodating 20 persons.

Club Café: dinner, 65 to 75 cents. A dining room accommodating 100 persons is available which can be made suitable for smaller groups.

Tea Kettle Inn: dinner, 60 cents and up.

Avenue Grill: meals, 40 cents and up. A large and a small dining room are available.

Blue Willow: dinner 60 to 75 cents. After 6 p.m., can furnish accommodation for 20 persons in their library.

Mandorin Gordens: meals, 40 cents and up. A room accommodating 20 persons is available.

Jimmie's Limited: meals, 35 cents and up. Room in the balcony for a party of 15 persons.

Buffalo Café: average prices. Large room available.

The T. Eaton Company and the *Hudson's Bay Company* offer a convenient lunch counter service.

EXHIBITORS AT THE GENERAL MEETING

An attractive feature of the General Meeting in Calgary will be the display of products of special interest to nurses. The western section of the spacious lounge in the Hotel Palliser has been reserved for these exhibits. As this announcement was prepared for May 1, the following list of exhibitors is limited to those who made reservations before that date.

Ayerst, McKenna & Harrison Limited, Montreal, Quebec. Booth No. 1

Ayerst, McKenna & Harrison Limited will show "ALPHAMIN", a vitamin and mineral supplement containing Vitamins A, B_1, C, D and E, ferrous sulphate exsiccated, acid calcium phosphate, copper, manganese and iodine. "ALPHAMIN" provides a convenient means of supplementing the diet with essential vitamins and minerals during adolescence, pregnancy and lactation and convalescence. "MERSAGEL", a new product designed for the treatment of mycotic skin infections, will also be featured. "MERSAGEL" consists of phenyl mercuric acetate incorporated in a water-soluble, jelly base. Clinical trials have proved "MERSAGEL" most effective in correcting skin conditions such as so-called "athlete's foot" and it offers the advantages of being greaseless, stainless and odourless.

Vi-Tone Sales Limited, Hamilton, Ontario. Booth No. 2

VI-TONE, The Delicious Food Beverage, is a palatable milk beverage, processed from defatted milk, Canadian-grown soya beans, fat, barley, malt extract, high quality cocoa, sucrose, glucose, iron salts and flavouring. VI-TONE solves the problem of marketing in a palatable form the high nutritive and digestive qualities of the soya bean. VI-TONE is used in Canada in child dietary as it exhibits protein in economical form for tissue building and in convalescence and invalid dietary. As a general food beverage with nourishing and sustaining qualities it can be taken by young and old with great benefit. The name VI-TONE—standing for 'vim', 'vigour' and 'vitality'—also for the idea of 'toning up', is taken to be representative of its medicated make-up and qualities.

Shirriff's Limited Toronto, Ontario. Booth No. 4

Shirriff's Exhibit will feature "5 to 1" JELLY POWDER, specially prepared for Institutions. This product jells rapidly and delivers extra servings. As the name implies, one measure of powder will jell 5 measures of water by volume. In addition, Shirriff's will display flavourful dessert preparations which offer economy of servings. Guests of the convention will be invited to sample Shirriff's fruit juice beverages, served ice cold. These beverages are prepared from real fruit juice and are ready to serve when diluted with 7 parts ice cold water. Shirriff's famous marmalades, pure jams and jellies, together with Shirriff's extracts, will complete the display.

Reckitt & Colman (Canada) Limited Montreal, Que. Booth No. 5

Reckitt & Colman (Canada) Ltd. take pleasure in exhibiting "DETTOL" ANTISEPTIC and "DETTOL" OBSTETRIC CREAM to the Canadian nursing profession. "DETTOL" ANTISEPTIC. This modern antiseptic was developed in England some years ago and in spite of being three times stronger than pure carbolic acid by the Dominion Government's Hygienic Laboratory Test, it is non-poisonous, non-

staining and agreeable in use. "Dettol" is now used in leading Canadian hospitals, particularly in the fields of obstetrics and surgery, and it has been demonstrated that 30% "Dettol" or "Dettol" Obstetric Cream will prevent reinfection by haemolytic streptococci of the area treated for several hours. It is also used extensively for hand and instrument sterilization, wound disinfection, etc. "DETTOL" OBSTETRIC CREAM contains 30% "DETTOL" in gum tragacanth and is specially designed for use in obstetrics for the preparation of the mother and for the attendants' hands. Further details, reprints, literature and samples will be available at booth.

A. Wander Limited, Peterborough, Ontario. Booth No. 7

Present at your last Convention in Halifax two years ago, we are glad to have a display of our products at your Convention this year in the foot-hills city of Calgary. Our products are of high altitude quality and as "there is nothing too good for the sick" we are sure you will find our exhibit of great interest. Please note in particular: OVALTINE — a concentration of the nutritive and vitalizing principles of malted barley, eggs and milk; TODDY — the original chocolate malt and milk drink; Wander Brand MALT EXTRACT with COD LIVER OIL.

Canadian Tampax Corporation Ltd., Toronto, Ontario. Booth No. 8

Booth No. 8 has been reserved by the CANADIAN TAMPAX CORPORATION LTD., and will be devoted to explaining the product, TAMPAX, its scientific fabrication and its many advantages in accommodating the menstrual problem. You are invited to visit with representatives of the company, and to discuss with them your questions about this most modern type of menstrual protection. Samples will be available.

G. H. Wood & Company Limited, Toronto, Ontario. Booth No. 9

G. H. WOOD & COMPANY LIMITED are planning a very interesting display for the forthcoming convention at Calgary There they will feature their many lines, which will include the new WOOD'S Floor Scrubbing and Polishing Machine—a floor machine which will give long and efficient service, and yet operate noiselessly. Price is very attractive; WOOD'S "Cromax" Liquid Floor Finish—which provides a wax-like surface, is relatively non-slippery, and water proof. WOOD'S Green Surgical Soaps and Liquid Olive Oil Baby Soaps are quite famous and can be found in the majority of hospitals throughout Canada. They are all manufactured under constant laboratory control; WOOD'S "Foot-Operating" Surgical Soap Dispensers, with single and double outlets, and WOOD'S Foot-Operating" Alcohol Spray Dispenser will also be featured; WOOD'S Embossed Linenized Paper Tray Cover, Doilies and other Paper Products—which substantially enhance tray appearance, and reduce costs. A visit to the WOOD'S Display is always worth while, so be sure to include it in your itinerary.

J. B. Lippincott Company, Montreal, P. Q. Booth No. 10

J. B. LIPPINCOTT COMPANY will exhibit a complete selection of text and reference books for nurses; also a list of recommended books for the nursing and hospital reference library. Their newest book "Nursing Care of Pneumonia", the first of the new Lippincott monographs, will be displayed as well as new editions of Emerson's "Textbook of Medicine", Solomon's "Materia Medica" and Greisheimer's "Physiology and Anatomy".

Says **BABY-FACE BUTCH:**

"ENEMIES?

I've got millions of 'em—

THE GERM GANG!

...but, Nurse, do I mow 'em down! Yes, ma'am, 'cause my skin is protected with Mennen Antiseptic Oil. That sure does liquidate those germs!"

* * *

Nurse, Mennen Antiseptic Oil MUST do a grand job in helping to protect baby's skin —or it wouldn't be proving so effective in practically ALL hospitals with nurseries—would it? The Oil definitely reduces surface bacteria and helps keep baby's skin safer against bacterial invasion. It's in a class by itself!

Be sure to impress on mothers the importance of the baby's first year—while he is gaining strength and resistance against infections. Instruct mothers to give their babies daily antiseptic protection throughout this period—with Mennen Antiseptic Oil.

The Oil is pleasant to use, leaves no greasy residue. It is non-irritant, is self-sterilizing, will not turn rancid.

FREE SAMPLES

MENNEN
Antiseptic
OIL *and* POWDER

To The Mennen Co. Ltd.,
Dept. C.N.-4
64-66 Gerrard St. E.,
Toronto, Ont.

Send me free professional samples of Mennen Antiseptic Oil and Antiseptic Borated Powder.

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NEWS NOTES

ALBERTA

LETHBRIDGE:

A meeting of the Lethbridge Graduate Nurses Association was held recently at the Galt Hospital with a large attendance. Mrs. Niven, the president, was in the chair. An interesting address was given by Major H. C. Singer, Officer Commanding, 20th Anti-tank Battery, R.C.A., C.A.S.F. The trend of his address dealt with events in Europe.

The following will act as relief nurses during the summer at St. Michael's Hospital: Miss Poulson, Miss G. Montgomery, Miss F. Pendick, Misericordia Hospital, Calgary; Miss Larson, Provincial Hospital, Moose Jaw; Miss Frost, Vegreville General Hospital; and Miss M. Patton, Edmonton General Hospital.

Married: Recently, Miss Florence Thomas (Holy Cross Hospital, Calgary) to Mr. Clifford Batley.

Married: Recently, Miss Catherine Hominuke (Galt Hospital, Lethbridge) to Mr. George Sweedish.

VEGREVILLE:

The officers of the Alumnae Association of the Training School of the Vegreville General Hospital are as follows:

Honourary president, Sister Anna Keohane; president, Miss Helen Triska; vice-president, Mrs. Stanley Walker; secretary treasurer, Miss Lucienne Blouin; committees: visiting, Sister Anna O'Donovan; entertainment: Mrs. W. Barie, Mrs. D. Triska, Mrs. R. Goshko, Miss M. LeClaire.

BRITISH COLUMBIA

VANCOUVER:

Married: Recently, Miss Doris Isabelle McKinnon (St. Paul's Hospital, Vancouver) to Staff-Sergeant Thomas Martin Britton.

Married: Recently, Miss Marion Charlotte Rodd (Goddard General Hospital, Brockton, Mass.) to Mr. Alfred James Brown.

Married: Recently, Miss Eleanor Adair Brown (Royal Columbian Hospital, New Westminster) to Mr. H. F. Hume.

MANITOBA

BRANDON:

At the recent annual meeting and banquet held by the Brandon Graduate Nurses Association members of the graduating class of the School of Nursing of the Brandon General Hospital, and graduates from outside points were honour guests. Mrs. M. B. Cannon gave an interesting address, her theme being "Lest We Forget".

In the report given by the secretary, Miss K. Wilkes, reference was made to the well attended and interesting meetings held during the year. She also reported that six members presented a symposium on rheumatic fever at the M.A.R.N. convention held in Winnipeg; a St. John's Ambulance home nursing unit was conducted by a member; Mrs. Thomas Lane, an overseas nursing sister and a member of the association, has been in charge of Red Cross work and the distribution centre in Brandon; five graduate nurses from Brandon have joined the Winnipeg Unit for service overseas.

The banquet closed a most successful season, and the list of officers for the coming year was presented by Miss Jessie Hill as follows: Honourary president, Miss E. Birtles; honourary vice-president, Mrs. Shillinglaw; president, Mrs. D. L. Johnson; vice-president, Mrs. J. Sills; secretary, Miss Agnes Creighton; treasurer, Miss W. Mitchell; registrar, Miss C. McLeod; welfare convener, Mrs. S. Perdue; social and program convener, Miss V. Vance; press reporter, Miss M. Morton; conveners of groups: down town, Miss I. Campbell private duty, Miss E. Manns; doctors' wives, Mrs. B. Bird; general hospital, Miss B. Brigham; mental hospital, Miss M. Peacock; representative to *The Canadian Nurse*, Miss M. Parrett.

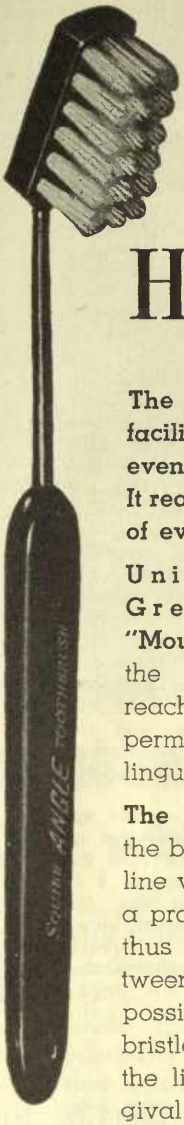
NEW BRUNSWICK

SAINT JOHN:

The Saint John Chapter, New Brunswick Association of Registered Nurses, recently held a meeting at the Saint John General Hospital. Miss Florence Coleman presided and fifty-four members were present.

A report was received regarding donations for the gifts sent to the Soldiers Comfort

DIET *plus* HYGIENE



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Calcium and Phosphorus are essential elements of the diet for all ages. Vitamin D is quite inseparably linked with the body's utilization of these elements. Viophate-D contains Calcium, Phosphorus and Vitamin D in proper ratio, combined for metabolic efficiency.

The need frequently recognized by dentists for a diet supplement, especially during pregnancy and for growing children, may be met by recommending Viophate-D in tablet or capsule form. The usual daily prophylactic dose, three tablets or six capsules provides 27 grains of dicalcium phosphate, 18 grains of calcium gluconate and 1980 international units of Vitamin D.

The Squibb Angle Toothbrush facilitates thorough cleansing even of difficult-to-reach areas. It reaches every exposed surface of every tooth.

Unique Design Contributes Greater Effectiveness. The "Mouth Mirror" Angle — brings the brush head within easy reach of the back molars, also permits effective brushing of the lingual surface of the incisors.

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Association and contributions were received for the gift to Lady Tweedsmuir from the women of Canada.

Miss Margaret Murdoch and Miss Winnifred Dawson were chosen as a committee to bring in nominations for the officers of the provincial Association.

Miss B. Vye, as convener for knitting, said members had made many useful articles for the Red Cross supplies. A letter of thanks was sent to Mr. Robert P. Scott for three helpful lectures on gas decontamination. An instructive lecture was given on pneumonia by Dr. A. L. Donovan.

Another meeting of the Saint John Chapter, N.B.A.R.N., was held recently. There were 52 members present, and Miss Louise Bartsch occupied the chair. Miss Jane Thorne was appointed to succeed Miss Bernetta Vye as registrar for Saint John, the appointment to take effect on June 1. The wool committee reported that a number of useful knitted articles had been completed and given to the Red Cross Society. On recommendation of Miss Lillian Wilson, convener of *The Canadian Nurse* Committee, it was decided to canvass for more subscribers. A committee to carry out this canvass was appointed, having as its members representatives of the different hospitals, their alumnae associations, and the various sections of the nurses' association. Four nurses were chosen to canvass the private duty section.

Miss Lyla Gregory reported on the approval at Fredericton of the amendment of the Nurses Registration Act, and read the amended Act, explaining its changes. Following the business session, the Rev. W. C. V. Martin showed motion picture views of Canada in technicolour, and a special film of the visit of Their Majesties to this country last summer. A vote of thanks was tendered him by Mrs. Grace Lewin.

Saint John General Hospital:

At the annual meeting of the Saint John General Hospital Alumnae Association the officers for the coming year were elected as follows: Honourary president, Miss E. J. Mitchell; president, Mrs. Grace Lewin; first vice-president, Mrs. Harvey Ellis; second vice-president, Miss Suzanne Hartley; secretary, Miss Sally Turnbull; treasurer, Miss Rheta Wilson; entertainment committee: Mrs. Orlie Fowler, Mrs. Ralph Dick, and Miss Marion Barker; refreshment committee: Mrs. Leonard Dunlop and Miss Alice Carney; flower committee: Mrs. F. M. McKelvey and Miss Alice Carney; additional members of the executive: Miss Margaret Murdoch, Miss Audrey Chapman, Miss Henrietta Redmore, Miss Gladys Brown.

The executive will make plans for the annual dinner to be given in honour of the forty-three members of the 1940 graduating class. The retiring president, Mrs. A. L. Donovan, was in the chair.

Married: Recently, Miss Janet R. Cameron (S.J.G.H., 1939) to Mr. Donald D. MacDonald.

NOVA SCOTIA

Halifax Branch:

The monthly meeting of the Halifax Branch, R.N.A.N.S., was held recently at the Dalhousie Public Health Clinic, with the vice-president, Miss Ruth Hart, in the chair. Following the business session an interesting lecture on health and health insurance was given by Dr. Lothar Richter, director of the Institute of Public Affairs, Dalhousie University.

Cumberland Branch:

At a recent meeting of the Cumberland Branch, R.N.A.N.S., held in Springhill, an interesting talk on preventive pediatrics was given by Dr. J. C. Murray. A two-act play, "Family Jars", written by Miss Lulu MacIntosh, county nurse, and stressing the value of nutrition and diet, was ably presented by three Springhill members. It was reported that St. John Ambulance First Aid Classes have been completed in Amherst and Springhill.

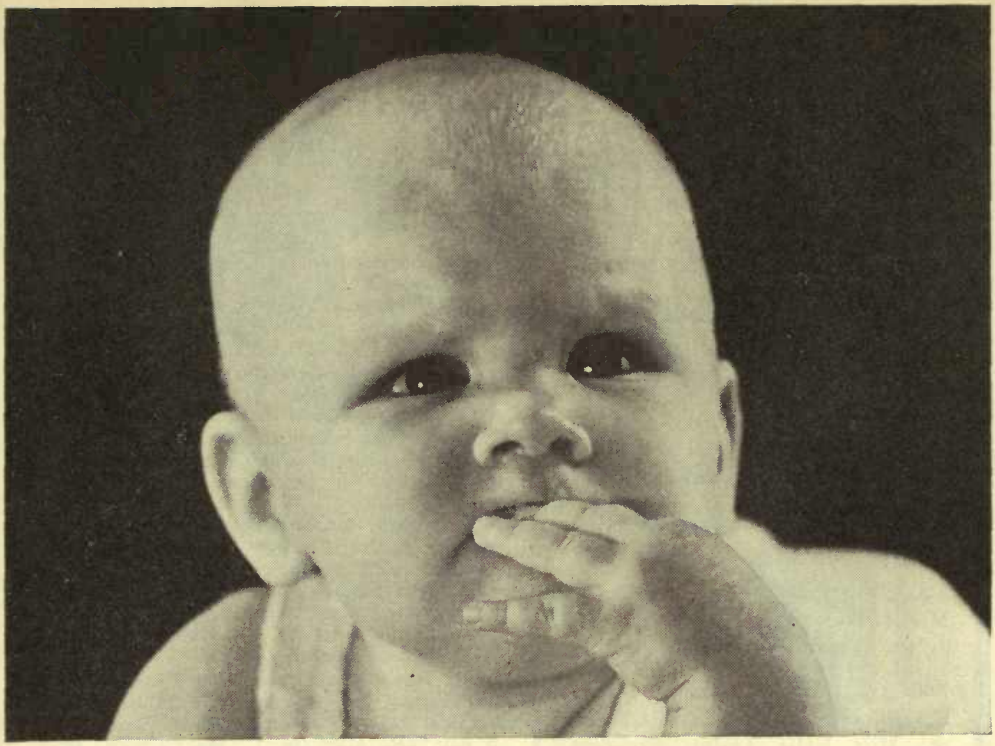
Miss Elizabeth Graham was recently appointed as instructress at Highland View Hospital, Amherst.

New Glasgow:

Aberdeen Hospital:

The following officers have recently been elected to serve during the coming months by the newly-organized Alumnae Association of the Aberdeen Hospital:

Honourary president, Miss Nina Grant; president, Mrs. Howard Cantley; vice-president, Mrs. J. T. Cumming; secretary, Mrs. R. A. Douglas; treasurer, Mrs. Edison Fraser Executive: Mrs. Sterling MacLean, Miss Maybelle Grant, Mrs. Harold Fraser, Miss Elizabeth Cowan, Mrs. Newman MacDonald, Mrs. Don MacLean, Miss Jessie MacLaughlin.



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The Golden Jubilee
of the Training School of the

HAMILTON GENERAL HOSPITAL

June 5 to 7, 1940

●

Wednesday, June 5

1.00 p.m. Registration at Senior Residence.

3.00 p.m. Scenic Drive and Tea at Mount Hamilton Hospital, provided by the Women's Auxiliary.

7.00 p.m. Annual Alumnae Dinner, Royal Connaught Hotel; Guest Speaker: Miss Effie Taylor, President, International Council of Nurses; Dean of Nursing, Yale University.

●

Thursday, June 6

3.30 p.m. Reception and Garden Party — Open House. Board of Governors, Hamilton General Hospital. The evening session will be kept open for individual class reunions.

●

Friday, June 7

3.30 p.m. Graduation, McMaster University.

Speakers: The Hon. Albert Matthews, Lieutenant-Governor of Ontario.

Dr. O. W. Niemeier, Chairman of the Medical Staff of the Hamilton General Hospital.

Miss Ethel Johns, Editor, *The Canadian Nurse*.

9.00 p.m. Dance, Ball-Room, Royal Connaught Hotel.

ONTARIO

District 1

CHATHAM:

Public General Hospital:

The Golden Jubilee of the Public General Hospital will be celebrated from June 23 to 28. The programme is as follows:

On Sunday, June 23, a special service will be held at 11 a.m. in the First Presbyterian Church at which the Rev. M. Scott Fulton will officiate.

On Tuesday, June 25, a luncheon will be given at the home of Mrs. J. B. Smith, president of the Heather Club. Mrs. O. W. Rhynas will be the guest of honour. In the afternoon, the Alumnae Garden Party will be held at the home of Mrs. C. C. White. In the evening, the Golden Jubilee Banquet will take place at the Golf Club, under the auspices of the Ladies' Assisting Society. Mrs. O. W. Rhynas, president of Women's Hospital Aids of Ontario, will be the guest speaker.

On Wednesday, June 26, the Commencement Exercises for the Class of 1940 will be held at Park Street United Church at 8 p.m. Dr. Malcolm T. MacEachern, Director of Hospital Service, American College of Surgeons, will be the principal speaker. A reception and dance will follow the exercises at the Masonic Temple.

On Thursday, June 27, the Alumnae Picnic will be held at the summer home of Mrs. A. Foote, Rondeau Park. This will give an opportunity for a re-union of the graduates of the School.

On Friday evening, June 28, a monster Lawn Party will be held on the Hospital grounds.

A Jubilee Number of the Year Book that will give an historical record of all Hospital activities over the intervening years is in process of publication.

District 4

HAMILTON:

A detailed insight into public health administration in Ontario was given those who attended the regular quarterly meeting of District 4, R.N.A.O., when they met recently at St. Joseph's Hospital. This address was delivered by Miss Edith R. Dick, Reg. N., an inspector of training schools. Miss Dick said that the system of administration in Ontario is partly municipal and partly provincial, and explained the growth and present organization of the department of health.

PERSISTENT ANTISEPSIS for normal skins

RECENT investigations have shown that the dried film left on the hands after treatment with 30% 'Dettol' renders them insusceptible to infection by haemolytic streptococci for at least two hours unless grossly contaminated. (Vide 'British Medical Journal,' 21st October, 1933, page 723.)

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The meeting was opened by Miss Annie Boyd, the chairman, who talked briefly about the annual meeting of the R.N.A.O. at Ottawa. Gratifying was a report read by Miss Antoinette Williams, who revealed that provincial membership was now 4,704, an increase of 490. After the presentation of a number of other reports, Sister Monica, superintendent of nurses, gave a practical demonstration of nursing procedure.

Hamilton General Hospital:

The response from the older as well as the younger graduates of the School of Nursing of the Hamilton General Hospital, whether near or far, is giving great pleasure to the work of the home nurses in their preparation for the Golden Jubilee celebration. Miss Martha Watt has done a tremendous piece of work in an attempt to locate and personally invite each of the fourteen hundred graduates. However, some of the invitations have been returned unopened due to wrong address. If any nurse who has not received an invitation will write to Miss M. Watt, Hamilton General Hospital, Hamilton, *or come anyway*, she will find a welcome waiting for her.

DISTRICT 5

BARRIE:

A meeting of Chapter 2, District 5, R.N.A.O., was held recently, with Miss Lawson, the president, in the chair. Among the interesting items were the following: Miss Hanna's report regarding subscriptions to *The Canadian Nurse;* a report by Miss Tracy, student nurse, on her experience with the public health nurse; Miss Brandt's paper on the nurse and the law, read by Miss Williams; a talk by Miss Langman on up-to-the-minute facts in infant feeding; and Miss Topping's paper on the health of the school child, read by Miss Bastin.

TORONTO:

Through the courtesy of Miss Kate Mathieson, superintendent, the Public Health Nurses Association of Toronto held its an-

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A Refresher Course

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Supervision in Nursing, a Course in Leadership.

This Refresher Course will first be given in Vancouver, from July 29 to August 3, inclusive, and will then be repeated in Victoria, from August 5 to 10, inclusive.

Registration fee, $3.50

For further information apply to: Miss Anne S. Cavers, Convener, Refresher Course Committee, 520 Vancouver Block, Vancouver, B. C.

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nual tea at the Riverdale Hospital for the one hundred volunteers who give such valuable assistance to the work of the nurses in schools, child health centres, hospital outpatient departments and districts. Volunteers have an important contribution to make to this professional group. They allow the nurses to do the skilled work for which they have special training by relieving them of extensive clerical and routine duties. Through experience gained, they are also able to interpret the activities of the Public Health Department to the community. Other guests were Dr. and Mrs. Harold Parsons, Dr. Beverley Hannah, Dr. L. A. Pequegnat, Dr. C. G. Stogdill, Dr. Gordon Milne, Dr. Alan Brown and the physicians in charge of twenty-three child health centres under his direction, Miss Kathleen Milner, president of the Junior League, Miss Kathleen Russell, and Miss Mary Millman. Miss Elvira Manning, president of the Association, received the guests, assisted by Miss Mathieson, Miss Elsie Hickey and Dr. Gordon Jackson. Miss Z. Keefer, Miss E. deV. Clarke, Miss K. Rouse, Miss M. Galbraith, Miss L. Dowdell and Mrs. J. Clissold presided over the table.

Toronto Western Hospital:

The Toronto Western Hospital Alumnae Association recently entertained the graduating class of 1940 at a delightful bridge and supper dance. The convener was Mrs. C. W. Hain, and the committee in charge consisted of Mrs. R. W. Smeltzer, Mrs. S. Douglas, Miss B. Leddy, Miss J. Kee, Mrs. J. Miller, Mrs. J. T. McNeeley, Miss K. Christie. The large number of guests were received by Miss B. Ellis, Miss Grace Paterson, and Mrs. A. J. Swanson.

District 6

PETERBOROUGH:

A meeting of District 6, R.N.A.O., was held recently in Peterborough at the Nicholls Hospital. Reports of Chapters were received. Dr. Dobson gave a very interesting talk on the advance in surgery.

Chapter A, District 6, R.N.A.O., recently held a meeting at which Miss Thompson, Miss Collier, and Miss Souter gave a talk on the R.N.A.O. convention.

Chapter B, District 6, R.N.A.O., held their monthly meeting in the Ontario Hospital at Cobourg, Miss Shaw presiding. There were fifteen members present and after a short business meeting the speaker of the evening, Col. C. T. Peterson, gave

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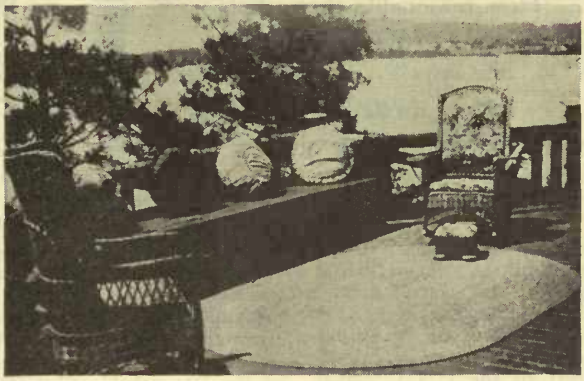

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a very interesting address on the war of 1914-18 and the war of to-day.

Mrs. C. Payne and Miss G. Macklin attended the refresher course at the University of Toronto on obstetrics. Miss E. Mitchell of Port Hope is taking a post-graduate course at the Royal Victoria Hospital in Montreal.

Chapter C, District 6, R.N.A.O., recently held a meeting at the Nicholls Hospital, Peterborough. A very interesting demonstration and talk was given by Miss Young, representative from the Heinz Company on the values and composition of food. Dr. Hammond gave a very interesting lecture on coronary thrombosis.

District 7

Brockville:

The quarterly meeting of District 7, R.N.A.O., was held recently. It was reported that 71 nurses from this district have enrolled for war service and that 17 were lecturing for the Red Cross Society. An address on historical points of interest in Brockville was given by Dr. G. W. Kells, and Miss Hanna Fischl, of Prescott, delivered an interesting address on "My Country — Czecho-Slovakia". Tea was served by a committee under the convenership of Mrs. Richard Green. Miss Margaret Donald, Brockville, was chosen as the delegate from the district to attend the biennial meeting of the Canadian Nurses Association to be held in Calgary. The gathering also decided that their next meeting would be held in June at Smiths Falls.

At a recent meeting of the Brockville Chapter, District 7, R.N.A.O., which was held at the St. Vincent de Paul Hospital, Dr. J. R. McAvoy gave an illustrated lecture on appendectomy and the treatment of varicose veins. After the meeting, the Reverend Sisters were hostesses during a pleasant social hour.

Kingston:

A meeting of the Kingston Chapter, District 7, R.N.A.O., was held recently at the Ontario Hospital. A most instructive paper on toxic psychosis was presented by Miss Ella Smith, instructor of nurses, Ontario Hospital. A delightful social hour followed.

Miss Hattie Ellerbeck (K.G.H., 1930) has accepted a position with the Aluminum Plant, Kingston. Miss Thelma (Tilly) Auld (K.G.H., 1932) has gone to New

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SUN LIFE OF CANADA

Montreal.

York to study under the direction of Edgar Schofield, teacher of voice, and is living at the Mu-Phi-Epsilon. Mrs. James Crawford, née Claire Drysdale (K.G.H., 1934) sailed recently for Hong Kong with her husband, Dr. James Crawford, who is joining the medical staff of the U.S.A. Naval Hospital there. Mrs. J. F. Purvis, née Edna Ralston (K.G.H., 1914) spent the winter in Miami, Florida.

District 10

Port Arthur:

A meeting of District 10, R.N.A.O., was held recently at the Port Arthur General Hospital, with Miss D. Adams presiding. About fifty members were present. The programme was in charge of the Nursing Education Section with Miss D. Riddell as convener. Papers outlining the qualifications and duties of the Head Nurse as an administrator and teacher were given by Misses Riddell, Ballantyne, Pells, and Wallace of McKellar Hospital, and Miss Krelove of St. Joseph's Hospital. This was followed by demonstrations of the opportunities presented and types of teaching that can be done on the wards. The demonstrations were arranged by Miss Grace Giles, and carried out by the staff nurses of the General Hospital, Port Arthur. At the conclusion of the meeting a social hour was enjoyed.

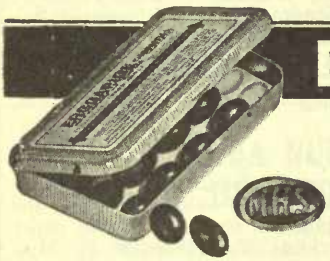
QUEBEC

Montreal:

Montreal General Hospital:

At a recent meeting of the Alumnae Association newer methods used in caring for special medical and operative cases were demonstrated by members of the nursing staff and greatly enjoyed by the large number present.

Miss Irene Parker (M.G.H., 1930), one of the operating room assistants, has resigned to be married. At a tea given in her honour she was presented with a silver



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Applications stating religion, professional qualifications, and salary expected should be adressed to:

Miss R. F. MacDonald, Supt., Glace Bay General Hospital, Glace Bay, N.S.

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A qualified Instructor of Nurses. Duties to commence September 1, 1940. Applications should be addressed to:

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Provincial Mental Hospital,
Ponoka, Alberta.

entrée dish and tray by Miss Holt and the nursing staff.

Miss Ethel Grindley (M.G.H., 1936) has replaced Miss Lewis as health adviser on the teaching staff and Miss Doris Watson (M.G.H., 1936) has replaced her in the out-patients department. Miss Edith Little (M.G.H., 1939) has been appointed to the staff of the operating room and Miss Ascah (M.G.H., 1939), Miss Picken (M.G.H., 1939), and Miss Janet McDonald (M.G.H., 1940) to the staff of the Central Division. Miss Frances Randall (M.G.H., 1939) has taken a position on the staff of the Montreal Children's Hospital. Miss Phyllis Coulter (M.G.H., 1940) has taken a position in the Temaskaming Hospital, Ontario, where Miss Hilda Welling (M.G.H., 1930) is in charge. Miss Hilliare Little (M.G.H., 1940) is taking a post-graduate course in the Alexandra Hospital, Montreal. Miss Audrey Ellis (M.G.H., 1940) is engaged in floor duty at the Verdun Protestant Hospital. Miss Helen Carmichael and Miss B. Eardley Wilmot (M.G.H., 1938) are doing floor duty at the Jewish General Hospital. Miss Gilker (M.G.H., 1940) is doing duty at the Woman's General Hospital. Miss Nancy Seivewright (M.G.H., 1940) has taken a position in the Arvida Hospital, Arvida, P.Q. Miss J. Florence MacDonald (M.G.H., 1936) and Miss Patricia Whitton (M.G.H., 1938) are engaged in school nursing in Notre Dame de Grace and Rosemount districts.

Married: Recently, Miss Esther Lewis (M.G.H., 1925) to Mr. Kenneth H. Battley.

Married: Recently, Miss Aase Bjerkevdt (M.G.H.) to Mr. Alexander M. Webster.

St. Mary's Hospital

To celebrate the graduates home-coming, the students of the St. Mary's Hospital Training School entertained recently under the direction of Rev. Sister Rozon, super-

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C. M. Powell, R. N., Director

intendent of nurses. Tableaux were staged representing the characters who have been outstanding in the establisment of the nursing profession and have distinguished themselves in this field. Selections were sung by the student's choir.

Mass was celebrated on Sunday morning, in the lobby of the Hospital, and was followed by a breakfast at which the speaker was Rev. Emmet Carter, principal of the Catholic Normal School. Among points stressed was the value of cultivating a sense of humour in the nursing profession. Rev. Alex Carter, chaplain of the hospital, presided, and among those present were the Reverend Sisters of the Hospital, members of the board of directors and the medical staff, and the ladies' auxiliary.

School for Graduate Nurses, McGill University:

Miss K. Donnelly (Public Health, 1935) has been appointed industrial nurse at the Canadian Industries Ltd., Montreal. Miss Elizabeth Robertson (Public Health, 1928) has resigned from her position as assistant superintendent at the Verdun Protestant Hospital. Miss Naomani Yellin (Public Health, 1939) has been appointed to the staff of the Department of Health, Montreal.

Among the recent visitors to the School were Miss Ruth Ross (Public Health, 1934) and Mrs. R. McClearn, née Mary Inness (Public Health, 1935).

SHERBROOKE:

Miss E. Watson has been appointed tc the staff of the X-ray Department at the Royal Victoria Hospital in Montreal.

Married: Recently, Miss M. Bateman to Lieutenant Andrew Cluff.

Married: Recently, Miss V. Coute to Mr. J. Morkill.

SASKATCHEWAN

MOOSE JAW:

Moose Jaw General Hospital:

The Alumnae Association of the School of Nursing of the Moose Jaw General Hospital has been organized for three years and has an active membership of forty-five. The newly elected officers are: Honourary president, Mrs. M. A. Young; president, Miss Marjorie Mader; vice-president, Mrs. F. Best; second vice-president, Mrs. F. Leury; secretary-treasurer, Mrs. Neil Gray; committee conveners: visiting, Mrs. Hart; refreshments, Miss J. Grayson; entertainment, Miss M. Gusa.

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International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

CANADIAN NURSES ASSOCIATION

Officers

President ..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.
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Provincial Associations of Registered Nurses

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Alberta Association of Registered Nurses

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BRITISH COLUMBIA

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MANITOBA

Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

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Registered Nurses Association of Ontario

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PRINCE EDWARD ISLAND

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Alumnae Associations

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MANITOBA

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A.A., Children's Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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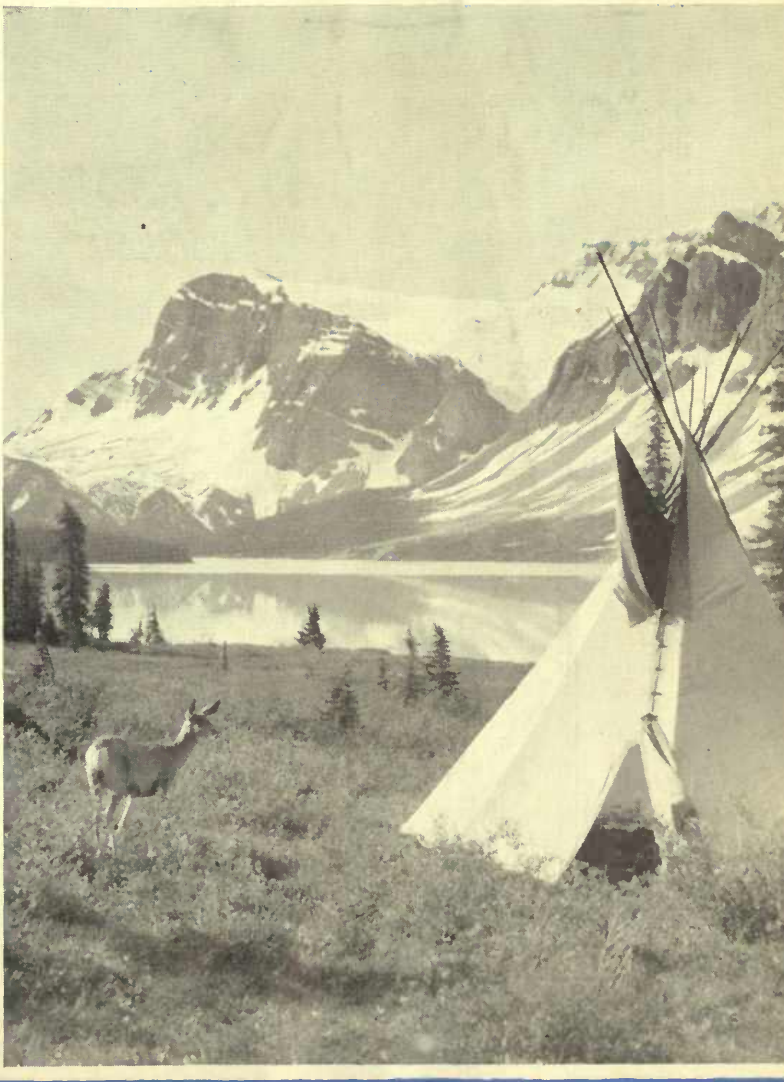

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JULY, 1940

This Heritage of Freedom

For us in Canada, the first day of July has a deep significance. The recurring anniversary of Dominion Day marks the birthday of our nation—"the true North, strong and free". Today we know that this heritage of liberty is in grave peril and that we are called upon to defend it with our lives.

In a quiet and orderly fashion, the nurses of Canada are taking the posts assigned to them. Some are already on active service in or near the area of conflict, and others are ready to move forward as needed. There has been, and there will be, no confusion and no publicity. Each nurse knows her allotted work and is prepared to do it. A disciplined group of competent women offers its unstinted devotion to the common cause.

Just what our task may involve is not yet clear, but that it is immeasurably more difficult and dangerous than it was during the last War is already apparent. The appalling speed with which unforeseen and critical military situations succeed one another is ample evidence that initiative, resourcefulness, and flexibility are absolutely essential.

This statement applies not only to military nursing service, but to the nursing care of civilians as well. The evacuation of several thickly populated countries, which is now in progress, will create problems in public health and child welfare that will tax our resources to the limit. The possibility of epidemic disease must also be faced, and plans should be made to grapple with it well in advance.

At first sight, such a prospect might well undermine the courage of the most valiant heart, but we in Canada are near enough to our rough pioneering days to remember that hardship and suffering may serve as a wholesome spur

His Majesty
King George VI

Photo by
Dorothy Wilding

George R.I.

toward achievement. Good work can be done with simple equipment if it is planned along the right lines and if competent leadership is assured. It is reassuring to remember that in every Province in Canada, as well as in the Dominion as a whole, nurses are so organized as to make their services readily available. To begin with, there are the nursing staffs in our hospitals, large and small. The provincial and municipal public health nursing groups stand ready to serve. The Victorian Order of Nurses, the Metropolitan Nursing Service, the St. Elizabeth Visiting Nurses Association, all offer skilled care in the homes of our people. When the need arises, private duty nurses may be counted upon to assume whatever responsibilities seem indicated in the circumstances.

Before these lines appear in print the Canadian Nurses Association will have held its general meeting in Calgary, and the Provinces will have taken counsel with one another. It is in adversity that the flame of our national spirit burns the brightest, and there will be no wavering or shadow of turning.

Now, as never before, we of the British Commonwealth of Nations need to hold fast to one another. The sym-

HER MAJESTY
QUEEN ELIZABETH

Photo by
Dorothy Wilding

Elizabeth R

bol of our unity is the Crown, and in witness of unshaken loyalty and devotion the President of the Canadian Nurses Association, Grace M. Fairley, has presented to the Association two fine portraits of Their Majesties, which bear their autographs. These have been very beautifully framed and hang side by side in the National Office in Montreal. Unfortunately the accompanying black and white reproductions cannot do full justice to the life-size originals, which are finished in delicate sepia tones.

Through the kind offices of the late Lord Tweedsmuir, and the Canadian High Commissioner, the Hon. Vincent Massey, Miss Fairley obtained these photographs during her visit to England last July. Her generosity and thoughtfulness in presenting them to the Canadian Nurses Association will be sincerely appreciated by its whole membership.

Although we Canadian nurses have distinct and vigorous characteristics of our own, our roots go deep into the rich soil of British tradition. The simplicity, the thoroughness, the devotion of the nurses in the Old Country are a continuing inspiration to us. This is the shining armour with which we may clothe ourselves in the day of battle.

Lumbar Anaesthesia in Obstetrics

R. J. Fraser, M.D.

By lumbar anaesthesia is meant the introduction of an anaesthetic drug within the theca, resulting in anaesthesia. It was used for the first time in obstetrics by Corning of New York in 1885, and from this fact we learn that it is not new. In gynaecology the use of lumbar anaesthesia is well known and appreciated. It is only one step to the field of obstetrics, the two being so closely related that it is hardly possible to understand why this type of anaesthesia is used so infrequently in the latter; yet it is a fact. With special reference to obstetrics, the names of Pitkin, Cosgrove, Hall, Glisson, Pithon, Cheval, Delmas, Dujol and others should be mentioned. If such men as these have found the method desirable in obstetrics, we may be safe in assuming that it should have a definite place in this special field. Our experience covers a twelve-year period of usage of this type of anaesthesia with no complications or fatalities, and we believe it is one of the safest types of anaesthesia employed in vaginal deliveries which terminate either spontaneously or assisted by forceps. To support this statement it would be proper to point out wherein lie the dangers and how to avoid them.

With high lumbar anaesthesia as used in upper abdominal surgery, we are confronted with certain potential dangers which are definitely not encountered in the low anaesthesia necessary and desirable in obstetrics. With high block anaesthesia there is the possibility of a vasomotor collapse or interference with either the cardiac or respiratory mechanisms. These three eventualities are discussed below.

The Vasomotor System: From the vasomotor centre in the floor of the fourth ventricle a constant stream of vasoconstrictor impulses passes down the spinal cord to emerge from the anterior or motor roots of the spinal nerves, from the level of the first or second thoracic to the second or third lumbar. These impulses supply all the blood vessels of the body. Lumbar anaesthesia acts upon this system from below upwards. Below the third lumbar nerves, there can be no effect upon the blood pressure. There is no fall, therefore, in sacral anaesthesia. As motor block advances to higher levels, more and more of the white rami are blocked, until at the first thoracic segment all have been paralyzed and every blood vessel in the body has lost its tone. A fall in blood pressure, roughly proportional to the number of white rami affected, is inevitable. Since lumbar anaesthesia in normal or vaginal delivery is limited to the sacral roots, we never have a fall in blood pressure; on the other hand, should this type of anaesthesia be employed in abdominal section for delivery, it is important that the blood pressure be recorded and suitable means taken to maintain its level. Interference with cardiac and respiratory functions also plays a part in the fall of blood pressure.

The Cardiac System: Under normal conditions the rate and force of the heart beat is regulated by two opposing nerve influences; one depressing, the other accelerating, cardiac activity. The first of these is represented by the vagi nerves which arise in the midbrain and are distributed to the heart; their function is to slow the beat and lessen its amplitude. The vagi are never blocked by lumbar anaesthesia. The second influ-

ence is represented by three or more cardiac accelerator or aurmentor nerves. Unlike the vagi, these are frequently affected by high lumbar anaesthesia. The reason is that these nerves pass out from the first four or five thoracic segments. Motor block to the fifth thoracic nerves cuts off many of these impulses, and all are cut off when the first thoracic is reached. The resulting interference with cardiac efficiency results in a further fall in blood pressure. Again these opposing nerve influences are not affected in normal or vaginal delivery with the use of lumbar anaesthesia, at the same time they may be affected in abdominal section if the height of anaesthesia is allowed to attain a high level.

The Respiratory System: Intermittent impulses from a bilateral centre in the floor of the fourth ventricle initiate respiration. These impulses flow down the cord to emerge at two levels, thoracic and cervical. The intercostal nerves represent the thoracic outflow; they supply the respiratory muscles of the thorax. The phrenic nerves arise in the neck from the third, fourth and fifth cervical nerves and innervate the diaphragm. The respiratory mechanism when involved by spinal anaesthesia is paralyzed from below upwards. There is no respiratory impairment until the anaesthetic blocks the lowest thoracic nerves. From this point upward there is progressive anaesthesia until at the first thoracic level the entire chest wall is blocked, and respiration is carried on by the diaphragm alone. The patient is dyspnoeic, but still has sufficient respiratory exchange to maintain life. Should the anaesthetic advance, until it blocks the roots of the phrenics, respiration ceases, and life can be sustained only by efficient two-way artificial respiration, which must be continued until the block wears off.

We shall now again sum up these three dangers in their proper relations to lumbar anaesthesia as practiced in normal or vaginal delivery. If the anaesthetic is properly given, that is proper technique employed, there are absolutely no dangers encountered. This fact cannot be over emphasized. On the other hand if lumbar anaesthesia is employed in abdominal section there is a possibility of some of the dangers being encountered, depending again upon the operator's use of the technique or lack of proper technique. We, in our twelve years experience with this type of anaesthesia in obstetrics (including manipulative, forceps and normal deliveries, also abdominal section) have had no complications or fatalities, and are of the firm opinion that it is one of the safest types of anaesthesia to be employed in vaginal deliveries which either terminate spontaneously or are assisted by forceps.

Now that the danger factors have been stressed, let us consider methods of avoiding them. Of first importance would appear to be the selection of patients. Only those with good cardiac reserve should be considered for mid or upper abdominal work, but myocardial damage is no contraindication in vaginal delivery. On such patients we believe it is associated with less danger than any other form of anaesthesia, and for these cases we use a hyperbaric, or an isobaric solution, with its proper technique. Of second importance would be the selection of the dosage of the drug to be employed; and the rule here is minimum dosage always. The next important consideration would be the control of the level of the drug in the cerebrospinal fluid by any recognized method; of these, three will be mentioned. They are, first, the site of puncture or optimum interspace injection; second, volume control including barbotage; and third, gravity control.

All the solutions for lumbar anaes-

thesia may be divided into three classes; these are *hyperbaric* or solutions with a specific gravity greater than that of spinal fluid; these have a tendency to flow to the dependent parts of the spinal canal. The second are *isobaric* solutions which have the same specific gravity as spinal fluid, and are not influenced to any extent by gravitation. The third are *hypobaric* solutions, with a specific gravity less than that of spinal fluid, and these have a tendency to rise. All technique is based on the above three facts, together with the fact that anaesthetic drugs of the cocaine group have a selective affinity for nerve tissue. It is therefore necessary to know the baricity of the drug in solution, to be able to attain and maintain the desired level of anaesthesia, and at the same time, especially in high anaesthesia as used in abdominal section, to maintain a definite dilution of the drug in order that motor function is not encroached upon to such an extent that metabolic disaster may befall the patient. If this can be done, and it can by proper technique, the result will be a safe lumbar anaesthetic, devoid of danger to the mother or the child.

The methods of using and controlling hyperbaric, isobaric and hypobaric solutions in obstetrical lumbar anaesthesia will be outlined, together with volume control.

The use of hyperbaric solutions is as follows:- the injection may be made either in the sitting or lateral decubitus position; the position after the injection with minimum dosage may be horizontal. When larger doses are used, as in abdominal section, the Fowler position should be employed. An example of this type of solution is novocaine or neocaine crystals dissolved in spinal fluid and reinjected into the subarachnoid space. The dosage in vaginal delivery is 50 to 100 mgs. and for abdominal delivery 100 to 150 mgs. With this type of solution the level of the anaesthesia can be controlled by interspace injection, barbotage or gravity control, or a combination of these. The 50 mg. dose is dissolved in 2 cc's. of spinal fluid, while the 100 to 150 mg. dose is dissolved in 3 cc's. and 4 cc's. of spinal fluid respectively. With the larger dosage the head and shoulders should be elevated on a pillow. The Trendelenburg position is used only to attain the desired level of anaesthesia, then the table should be levelled off or Fowler's position used, depending upon the dosage of the anaesthetic and the level of the anaesthesia that is desired. The safety factors in this technique are the minimum dose of the drug, together with gravity safety control.

The use of an isobaric solution is as follows:- the injection is made either in the sitting or lateral decubitus position; the position after the injection is immaterial, since an isobaric solution is not influenced to any extent by gravity, the height of anaesthesia cannot be changed by posture and the desired level is attained by interspace injection, dose used, or by barbotage. An example of this type of solution is Pontocain, which, when mixed with an equal volume of spinal fluid, is considered to be isobaric. The dosage for vaginal delivery is 8 to 12 mgs. or 1 cc. diluted with an equal volume of spinal fluid. The injection is made between the fourth and fifth lumbar vertebrae.

The use of a hypobaric solution is as follows:- the injection must be made in the lateral decubitus position always. It has been our practice to keep the head slightly lower than the hips when the injection is being done. After the injection, the patient is placed on her back, with the table level. After the desired level of anaesthesia is reached, the use of the Trendelenburg position is employed. Example of this type of anaes-

thetic solutions are Spinocaine and Anaestesol; the dose for vaginal delivery being one cc. of either solution mixed with one cc. of spinal fluid. For abdominal delivery the dosage is increased and mixed with larger quantities of spinal fluid.

With volume control another hypobaric solution is used; viz., Nupercaine 1:1500 dilution in buffered saline. This solution must be injected with the patient in the lateral decubitus position and the injection is usually made between the fourth and fifth lumbar vertebrae, without withdrawal of spinal fluid or barbotage. After the injection, the patient remains in that position for five minutes, then in the opposite lateral decubitus position for five minutes before being placed on her back with slight Trendelenburg position for delivery. The dose for vaginal delivery is 6 to 8 cc's. Higher dosage will have to be used for abdominal work; for this, 10 to 12 cc's. will usually be found sufficient.

With volume control for those who use novocaine or neocaine crystals, the following technique will be found to be very useful and safe. It is recommended for abdominal section. The puncture is made at the second or third lumbar vertebra with the patient on the side. After the injection, the patient is placed in the dorsal decubitus position with the table level and the patient's head and shoulders raised; or in the intermediate Trendelenburg position. The maximum dose is 150 mgs. of the crystals dissolved in one or two cc's. of spinal fluid and expanded by barbotage always to 8 cc's. This is a safe and rational procedure. Barbotage is performed in order to produce a definite dilution. The safety factors in this technique are the minimum dose together with dilution.

All injection for vaginal delivery will be found satisfactory in the fourth or fifth lumbar interspace; the injection to be made when the cervix is three-fourths to fully dilated.

There will result complete anaesthesia of the cervix, vagina, vulva, perineum, and anal region, together with good relaxation of these parts. The relaxation is favorable to less tears and fewer episiotomies. Thorough examination of the patient becomes possible and the application of forceps, when necessary, can be more accurately done. We believe that extraction is accomplished with less shock than with any other type of anaesthesia, due to the fact that impulses are cut off during anaesthesia, and cannot be registered at the higher nerve centres. Uterine contractions are lessened to some extent, but these can be safely controlled by the administration of pituitrin when required. After delivery, the patient is transported back to her room in a position depending upon the baricity of the drug used, or the Trendelenburg position. This position is to be maintained until the effects of the anaesthetic have worn off, then flat for one hour and then any desired position may be used. Fluids may be taken during and after delivery, and meals may be given normally, unless there is some other reason for witholding them.

With the use of this type of anaesthesia in obstetrics I have had no difficulties and no anxieties; in fact the delivery has been made easier both for the patient, the accoucheur and myself. We do not take the blood pressure in normal or forceps delivery. If, however, this type of anaesthesia is used in abdominal section, it is well to carefully supervise the patient; the blood pressure should be recorded frequently during the operation and, if necessary, suitable measures taken to maintain its level. For this, ephedrin and small doses of adrenalin as required will be found useful.

We are of the firm opinion that the

best results will be attained for the patient in obstetrics if this type of anaesthesia is employed in certain cases, namely those patients suffering from respiratory infections, both acute and chronic, the toxemias of pregnancy, or those with myocardial damage or diabetes. We use it routinely with primiparae in normal, unassisted or forceps deliveries, and do not hesitate in giving a second lumbar injection if necessary, that is to allow the patient to deliver herself if possible, rather than risk injury by forceps delivery to the mother or baby.

This paper, so far, has had to deal with the patient and the physician in charge; but, important as it is, other details, equally as important, are required of the nurse. It will now be our intention to point out where they are, and can be particularly useful. It will be proper to divide these into three headings; viz., before the delivery, during delivery, and after delivery.

Before the patient arrives at the operating or labor room, the nurse in charge should see that the blood pressure has been taken and that the preliminary medication has been given. This is very important in order that the patient may have little, or no, apprehension of the operating or labor room. Also, the nurse will be of invaluable assistance if she reassures the patient that all will be well. Upon arrival at the operating room, the nurse should also note if hypertensive drugs are ordered and if so, they should then be given. This, of course, is very important, especially in abdominal section. Just prior to the administration of the anaesthetic, it is the nurse's duty to see that the patient is in the proper position for lumbar puncture. This one act alone is of the utmost importance as it makes the puncture either very easy or very difficult. A nurse who can get the patient in the proper position and maintain that position for the physician has done a very great service both to the patient and the doctor. This one act alone cannot be stressed too strongly.

During the patient's stay in the operating or labor room, a nurse should be in constant attendance. Very often there is little to do, but in any event it is very comforting to the patient, and after all, she is the one most to be considered. The application of cold compresses to the head and moisture to the lips are often very comforting. She should have the patient breathe deeply about every two minutes during the first half hour of anaesthesia. This furnishes information that is very valuable, especially in abdominal section; if there is good respiratory excursion, regardless of the blood pressure reading, motor fibres have not been blocked to such an extent that any metabolic disaster will befall the patient. The nurse is also responsible for the quick execution of a request for any necessary hypertensive or analeptic drugs, such as ephedrin and adrenalin, intravenous glucose, or oxygen, or carbogen. She may at times be required to take the blood pressure and report any fall to the surgeon in charge. We must remember that we are dealing with a conscious patient, and should make her comfortable and reassure her, and, above all, remember to strive to please.

The after-treatment of patients who have been operated upon under lumbar anaesthesia is essentially the same as that for those who have had general anaesthesia except in a few particulars. Care should be exercised in moving the patient from the operating room to her bed to avoid any abrupt changes in position. The patient should be transported back to her room in the last operating room position, level, or in the Trendelenburg posture. When the patient has been taken to her room, the foot of the bed should be elevated about one foot and remain in that position for one hour

after the anaesthesia has worn off. This procedure is necessary with a hypobaric solution. With isobaric or hyperbaric solutions, the bed may be either raised as with hypobaric solution or remain flat. She should be kept warm by the use of hot water bags. These bags should be placed where they will not burn the patient, that is in an unanesthetized region, as, for example, the axillae. A retention enema of two quarts of warm water will be useful as an antishock measure. Water and food may be administered at once if desired by the patient and not contraindicated by the nature of the operation. Soft diet should be ordered for the first postoperative meal. There is no contraindication for the use of coffee or tobacco.

Summary

1. Since lumbar anaesthesia has been developed to a point of safety and its technique is based upon anatomical and physiological principles, there appears to be no logical reason for withholding its use in obstetrics.
2. With low lumbar anaesthesia as practised in vaginal delivery, there is little, if any, encroachment upon the vasomotor, cardiac or respiratory systems, hence its safety.
3. There is no tendency to increased hemorrhage, and the babies are not affected by its use. There is less asphyxiation with lumbar anaesthesia than with any other type.
4. This type of anaesthesia is very useful in certain pathological conditions, such as respiratory infections, both acute and chronic, the toxemias of pregnancy, myocardial disease and diabetes. We use it routinely in primiparae.
5. After twelve years usage, with no complications or fatalities, we believe it is one of the safest types of anaesthesia to be employed in vaginal deliveries which terminate spontaneously or are assisted by forceps.
6. We depend a great deal upon the nurse for the well-being and comfort of the patient before, during, and after the delivery or operation.
7. A nurse who can put the patient in the proper position for the lumbar puncture and injection of the anaesthetic solution has rendered a major service.
8. She should also supervise the transportation of the patient from the operating room back to her bed in the last operating room position, flat, or in the Trendelenburg position. It is her duty to have the bed in the proper position depending upon the type of solution used.
9. After treatment of the patient the nurse's duty is to make her comfortable, restore body fluids and apply heat. Water and food are to be administered as desired by the patient if not contraindicated by the nature of the operation.
10. The nurse must be on the alert to make the patient comfortable, reassure her, and be able to obtain analeptic or restorative drugs on a moment's notice. Above all, we depend upon her technique for the sterility of the armamentarium, which is most important.

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The Use of Metrazol in Schizophrenia

L. Fair

Schizophrenia means a split, or "shut-in," personality in which there is failure to make contact with the realities of life. These patients retract into a state of mental seclusiveness and live in an imaginary world. They constitute approximately fifty per cent of the permanent population of the large mental hospitals.

In the majority of cases, the disorder appears between the ages of sixteen and twenty-five years and may be classified as follows:

Simple deterioration, with symptoms of apparent indifference and loss of interest.

Hebephrenic, which resembles the confusional state of toxic delirium.

Catatonic, which shows a marked loss of interest, negativistic, with increased muscular rigidity. The usual cycle ranges from normal to excitement; to depression, to stupor, to excitement, and finally to normal.

Paranoid, having a delusional trend, beginning with persecutory delusions and finally reaching the end stage of delusions in the form of exaltation.

In 1935, Ladislaus von Meduna, of the Royal Hungarian State Insane Asylum, first considered convulsive therapy for schizophrenia because the favourable effect of a spontaneous convulsion observed in schizophrenics led him to the following hypothesis:

Between schizophrenia and epilepsy there exists a biologic antagonism which manifests itself in the pathophysiological course of both illnesses. Without being able as yet to identify these processes definitely, the assertion is permitted *a priori*.

Meduna then sought a harmless and reliable method for provoking an epileptic convulsion. He found it in Metrazol or Cardiazol, a circulatory medication of which the point of attack is chiefly the medulla oblongata. By giving a sufficient amount of Metrazol, a convulsion which clinically gives a true picture of a idiopathic epileptic seizure can be effected. Following the seizure, the importance of exerting an influence upon the patient in the psychic field was stressed by Meduna. The psychiatrist attempts to give insight to the patient and to direct him in his "half-awake" confused state.

Metrazol is a crystalline powder, soluble in water, quickly absorbed and eliminated. The composition of this drug is not affected by sterilization, and decomposition only occurs after heating above 250° Centigrade for several hours in an acid solution. Metrazol is purchased through the Ontario Provincial Government, in 25 dram bottles. The ten per cent solution is made by filtering 96 grains of the crystalline powder into a two-ounce bottle with freshly distilled water, stoppered with a rubber stopper, and rendered sterile by autoclaving. This drug is given intravenously in a ten per cent dilution to initiate a convulsion or seizure.

At the Ontario Hospital in Whitby, a full-time psychiatrist is responsible for the Metrazol clinic, which is held four mornings a week. The more hopeful type of patient to be treated is the one who has been ill less than six months. The general opinion is that the longer the illness the less likely he is to respond to treatment. At a staff conference the case is diagnosed and the use of Metrazol is discussed. Cata-

tonic and hebephrenic types of schizophrenia respond better to Metrazol than the paranoid type. Permission is obtained from the patient's nearest relatives who are informed of possible complications. A thorough physical examination is given and particular attention is paid to the heart and blood vessels. Extensive laboratory tests are made, and an X-ray of the spinal column is taken to determine whether there may be any deformity or compression fracture of the body of the vertebrae not complained of by the patient previously. As a contra-indication for the treatment we regard the presence of cardiovascular or pulmonary disease, acute or chronic infectious disease, and organic changes in the central nervous system.

A corridor with eight single rooms and an adjoining surgery is used for the clinic. The equipment needed for the administration of Metrazol is assembled in the surgery on trays and includes the following items:

On the sterile trays are several 10 c.c. syringes, filled with ten per cent Metrazol solution. These are arranged on the tray with 21 gauge needles attached, protected with sterile fluffs saturated in 95 per cent pure alcohol. Adrenalin, in a 2 c.c. syringe filled to 15 minims, is also provided so that it may be ready for immediate use if indicated.

On the unsterile side of the tray are placed ethyl chloride and a mask which may be used to terminate the excited period if the patient should become very excited rather than have a normal convulsion. Sodium luminal is also kept on hand for intramuscular use in case status epilepticus develops. Mouth gags are made from absorbent cotton, rolled tightly and bandaged in place; these are about half an inch in diameter and are long enough to extend on either side of the jaw. These are kept in a paper bag with wipes. A container of sterile fluffs in alcohol, a tourniquet, and a discard paper bag are also provided.

At noon of the day preceding the treatment the patient is given a mild laxative. Sedatives are usually contraindicated, although in some cases it may be necessary to administer them. No breakfast is given on the morning of the treatment as there is danger of asphyxiation when the patient lapses in unconsciousness if the stomach is full and food is regurgitated.

The bed is made as an ordinary bed, except that the head is where the foot of the mattress should be. The spring of the bed is limited by placing a flat board two feet wide on the frame of the bed. The patient is put to bed in a nightgown with no restriction about the neck and arms. She is placed in the dorsal position with special attention to the spine—that it is absolutely straight and the hips are parallel. The legs should be straight and close together; the arms straight and close to the sides. The head should be straight in line with the rest of the body. A rubber-covered pillow is placed under the small of the back to prevent compression fracture of the spinal vertebrae.

A nurse stands at the head of the patient, with mouth wipes and the mouth gag in readiness. Four other nurses are required. A nurse stands at each shoulder, to make pressure downward and inward on the shoulder joint, so as to prevent dislocation and control the upper part of the body, thus preventing compression fracture of the thoracic vertebrae. Each nurse places the palm of one hand firmly on the head of the shoulder, and the other on the wrist; this grip allows slight movement at the wrist within a range of six to eight inches. The other two nurses make pressure downward and inward on the hip joints with the free hand controlling the

leg and allowing movement within a range of about eight to twelve inches.

The technique of administration is very simple and consists in a rapid intravenous injection of ten percent Metrazol solution; 4 c.c. is the usual starting dose for female patients, and 5 c.c. for male patients. The rapidity of the injection is of extreme importance in the provocation of a convulsion and the optimum results are obtained by injecting 1 c.c. in one second. Apparently the determining factor is the momentary concentration in the blood, not the absolute amount of the drug. In cases in which we succeed in provoking a convulsion, the same dose is used at each following treatment until the patient fails to have a seizure. In cases of failure to provoke a convulsion, a repeated dose, increased by 1 c.c., is given after waiting one and a half to two minutes.

Concerning the motor pattern of the metrazol paroxysm very valuable clinical observations were made. The slightest reaction to the injection is an aura, which may be the only manifestation or the forerunner of the convulsive phase. The aura is dominated by subjective symptoms of a sensory nature. Some patients describe their sensations as being unable to think, or complain of some kind of "funny feeling" in their head. Others see sparks or stars before their eyes, or have a floating feeling. The major convulsion is usually preceded by a short cough, at which time the patient may become fearful of being choked. In from three to ten seconds the eyes become fixed, or there may be a flicker of the eyelids at which time the patient may yawn; the nurse at the head of the patient then places the mouth gag between the patient's teeth and closes the jaws firmly in position to prevent dislocation of the jaw. Following the yawn, there is a clonic convulsion, first apparent in the facial expression and spreading rapidly over the entire body. This lasts from three to ten seconds, followed by a tonic phase with a duration of five to thirty seconds, followed by a clonic phase. The whole seizure lasts from thirty to seventy seconds. Shortly before the end of the seizure the patient shows marked cyanosis and there is a short period of apnoea during which her condition appears to be critical, but this is soon followed by a deep inspiration and then by stertorous breathing. After the seizure she either falls asleep or shows a confusional state of variable duration. Patients remain in bed for at least two hours and are very closely watched for any complication that may arise.

The psycho-therapeutic factor, during and after the Metrazol treatment, plays an important role. Two hours after the treatment, and at arranged hours on non-treatment days, a physician who has specialized in psychiatry visits each patient and practices psycho-therapy extensively by instituting encouragement, explanation, and ventilation of the patient's difficulties. Re-education is carried on by constructive criticism of the patient's behaviour.

We aim to keep the patient interested in useful arts and in his or her environment. We have many recreational facilities, such as occupational therapy, bowling alleys, billiards, badminton courts, golf and tennis in the summer, as well as all types of games such as baseball. Group psychotherapy is also practiced; each Wednesday morning a half-hour is devoted to a sing-song, and about five minutes is given to a "pep" talk on how to get well given by one of the staff physicians. It is frequently striking to observe how the patients gain more and more insight into their condition and how they begin to show more interest in

their surroundings. They realize that the treatment is of benefit to them and appreciate the efforts of the physician.

A definite programme is mapped out for each group. The patients chosen for Metrazol treatment are segregated, the female patients in one cottage, and the male patients in another. A male nurse has full responsibility for the men. Each morning they are taken for a walk when the routine work is finished, and every afternoon they are taken to the recreational building where they bowl, play billiards and take part in other forms of activity. The female patients also have a definite programme, which includes walks, learning to weave, knit, and make flowers. The beauty parlour seems to make them take an interest in their personal appearance and helps in the improvement of their mental health.

Although we are not yet able to report very representative figures concerning the results of the treatment, we are convinced of its effectiveness. It is simple, inexpensive, and relatively without danger. By further intensive clinical and experimental work much light will be thrown not only on this treatment but inevitably on the structure of schizophrenia, thus contributing to a greater knowledge of the entire problem.

Economic Security for Nurses

E. M. Buckbee

Although the following report is submitted by the Committee on Economic Security of the Registered Nurses Association of Ontario, it was actually prepared by a study group in Hamilton and therefore cannot be said to be representative of the nurses of the Province as a whole. Other groups within our Association may have been exploring this subject as a result of their own interest, and if this is true, we would be glad to receive the benefit of their advice.

In 1939, the report given by this Committee at the provincial annual meeting included the following findings:

Nurses in government employment are protected by contributory state insurance.

Nurses working for industrial companies are usually protected through a contributory company insurance plan.

Public health nurses in the larger civic centres have been included in preliminary surveys with reference to insurance plans for civic bodies, but to our knowledge none of these have yet materialized.

One large organization has protection for its staff and field nurses in the form of a contributory annuity plan.

That there is little likelihood of provision for private duty nurses, as it is impossible to get reputable companies to enter into group contracts with organizations which are made up of individuals who have not regular employers. The reason given is, that from past experience, they have proved too costly to undertake.

That in the opinion of this Committee, it would be unwise for a nursing group to initiate an insurance plan of their own if insurance companies (who are obviously in the business to make money) do not consider it a safe project. In the first place, it would require a large foundation fund, and in the second place, we would have to face the uncertainty of employment in the large group of private duty nurses.

Another interesting finding was that Canadian nurses are eligible for annuities and benefits under the Harmon

Foundation Fund at the same rates as American nurses. This is, of course, now qualified by fluctuating rates of exchange and upon the advice of the manager of one of the largest insurance companies operating on both sides of the international boundary, we made a comparison of the rates and found that the Harmon Foundation rates were 28 percent higher than our own Canadian Government Annuity rates. These are most elastic, and are suited to individual needs. The chief objection raised was that if cash was needed, it would not be available. This is partially answered by the fact that an individual may stop her payments at any time and, in the event of need, begin her annuity at any age. Also, the fact that making a deposit on a government annuity protects the individual from an advance in rate, is valuable information.

In the event of death before the annuity begins, the money deposited (plus interest at 4 percent) is paid to the estate, and for an additional amount, the annuity is guaranteed over a period of years to the estate. We have reason to believe that since our last annual meeting, there has been a marked increase of interest in this particular form of investment. The superintendent of the Annuities Branch at Ottawa informs us that 130 members of the nursing profession have this year taken advantage of the Government Annuities system. Any nurse who has dependents will also wish to have the protection which a satisfactory life insurance in any of the larger companies affords, as well as a sick benefit if she is not already protected against periods of ill health. This may be secured as an addition to an insurance policy and a waiver clause, allowing the discontinuance of payments when necessary through illness at a comparatively low increased rate, is particularly helpful. Some of the larger schools of nursing have sickness benefit provisions.

It would appear that in order to suit all situations, many of us should not put all our eggs in one basket, even if it is considered a safe one. Each nurse should make it her business to study investments and consult with neutral authorities who can advise according to her needs. We strongly advise having speakers on investments at our District meetings, preferably a broad-minded bank manager, or the manager of one of the larger trust companies, as men of wide experience and with no particular axe to grind.

Nurses recently graduated have frequently complained that they are beset by insurance agents. This might prove to be a calamity if the nurse has not had previous knowledge of investments and of fitting her needs to the different types of insurance — protective, sick benefit, pensions and annuities. To overcome this, we advise that time be given during the final year, to a study of investments. We have recently read some entertaining and instructive booklets which, in a palatable form, instil in the readers the principles of sound personal financing. We refer to the "Babylon Course in Financial Success" by George S. Clason, sponsored by the Institution of Financial Education of Toronto, and printed by the Ryerson Press. This study, to which should be added a talk by a well informed financial expert, should go a long way toward equipping a nurse before she becomes a prey to unprofitable investment schemes.

We suggest that before the next annual meeting of the Registered Nurses Association of Ontario a check-up be made by the chairmen of District Associations in order to find out what progress has been made along the lines given above. Finally, we are still of the opinion that under existing circumstances, the different types of savings for nurses are best procured on an individual basis.

Building for the Future

University Schools of Nursing in Canada came into being as an indirect result of the first Great War. It is significant at this time to recall that Miss Grace Fairley, now president of the Canadian Nurses Association, with Miss Mabel Hersey, initiated the discussion as to possibilities of establishing a school at McGill University in the spring of 1918. It was not until the summer of 1920, however, that the plan took concrete form. Since that day, four hundred and sixty-seven nurses have graduated from the School.

In the shadow of a greater war, the twentieth graduating class of the School for Graduate Nurses received certificates at the recent University Convocation. Representatives from seven of the nine Provinces made up this year's class of thirty-two students: three received certificates in Administration in Hospitals and Schools of Nursing; nine in Teaching and Supervision; twenty in Public Health Nursing. Very shortly these most recent graduates will be found in posts as far apart as Burnaby on the Pacific Coast and Cartwright in Labrador.

Twenty years have brought many changes in the programme of the School, but the purpose remains the same, namely, "to meet the need for specialized training for nurses taking up public health work or holding teaching and administrative positions in hospitals and schools of nursing." It is impossible to foresee the demands which may be made upon the nurses of this country before victory is won. One fact is very clear, and that is the importance of maintaining an adequate supply of carefully selected, well qualified, straight thinking and courageous women for nursing service at home or abroad. The nurses of Canada are ready and waiting

to serve their country wherever and whenever they may be called upon to do so.

In order to face the days ahead with confidence, provision must be made to ensure a continuing supply of trained minds and hands as well as courageous hearts to safeguard and promote the future of nursing. Canada must see to it that in meeting emergency needs, nothing is permitted to interfere with the contribution the University School of Nursing can and must make in preparing nurses to lessen the devastating effects of war and to play their part in the reconstruction which must follow.

Nursing Service in Ontario

At the annual meeting of the Registered Nurses Association of Ontario a most valuable report was presented by the Committee on the Distribution of Nursing Service. This committee was set up by the board of directors, following the annual meeting of the R.N.A.O. in 1934. It was known as the committee to enquire into the extent and adequacy of nursing service available to the non-hospitalized sick in Ontario, and came into being at the instigation of District 5, under the chairmanship of Miss Dorothy Mickleborough. The present convener is Miss Edna Moore, and the other nurse members of the committee are Misses Constance Brewster, Isabel MacIntosh, Marjorie Buck, and Matilda Fitzgerald. Miss Nell Wark represented the field of social work; Mrs. W. F. B. Parsons represented the Women's Institutes of Ontario; Dr. Ward Woolner represented the Ontario Medical Association.

In 1935, a survey was carried out, by the questionnaire method, in all of the nine Districts and was reported upon at the annual meeting in 1937. In 1938, the committee reported on the details of a second survey in Districts 5, 8, and 9, and asked for approval of the suggestion that a third survey be conducted in a city of approximately 75,000 population. In the 1939 report, a further request was made for permission to meet jointly with the Committee on the formation and reorganization of Registries.

Agreement was reached that a survey should be undertaken and methods of procedure were outlined. The city of London presented most of the factors desired and it was decided to approach District 1, R.N.A.O., and the London Academy of Medicine, to enquire if they were willing to co-operate. The officers of District 1 approved the plan, and a committee was organized in London under the chairmanship of Miss Mildred Walker. The date was set, and the questionnaire and a covering letter prepared. The London nurses supported the effort whole-heartedly, and the members of the Academy of Medicine co-operated so well that, before the end of 1939, the completed questionnaires were in the hands of the committee.

One hundred and twenty-four questionnaires were sent to physicians whose names appeared on the Academy roster. A number of names on the list were of physicians who had entered military service and therefore were no longer in practice; a few had recently moved from the city. Of the seventy-six questionnaires

which were returned 46 were completed; 11 carried comments only; 12 bore signatures only; 6 bore explanations that the physicians were engaged in office practice only; and 1 declined to give information.

The earlier surveys had drawn attention to the lack of professional nursing care among those stated to be in need of it. Such observations were based, first, upon those cases specifically stated by the physician to be needing, and not receiving, the care of a trained nurse; second, upon the significant number of patients suffering from pneumonia or acute communicable diseases in which it was stated that professional nursing care was not needed. In this connection it much be remembered that all three surveys were in the nature of a census of the situation on a given day. It is, therefore, evident that the patients included in it would be in various stages of acute illness or recovery at the time the record was compiled. Consequently (and this is one of the significant limitations of this type of survey) maternity, pneumonia and other cases might, on a given day, be in such a stage of recovery or convalescence that they might reasonably be stated to be not needing professional nursing care.

The situation with respect to nursing care in current cases of illness (exclusive of hospitalized cases) was shown to be as follows:

Total cases reported upon: 576

Number said to be not needing professional nursing care 459

Number said to be in need of professional nursing care 117

These figures must be considered in the light of the general comment, and accepted as reasonable in view of the limitations of the survey. It is also evident that, without detailed case analysis, dogmatic statements cannot be attempted.

Out of 46 reports, in which the statistical material was acceptable for analysis, it was found that 117 patients in a total of 576 (roughly 20 percent) were stated to be in need of professional nursing care. Of these, 54 (approximately 46 percent) were receiving it at the time of the survey, and 63 (approximately 54 percent) were not. The replies to the questionnaires showed that of the 54 cases receiving professional nursing care, 34 had professional nurses in the home; 8 were receiving hourly nursing service; and 12 were receiving visiting nurse service.

In the opinion of the physician, the chief reason professional nursing care was not used, although needed, was lack of sufficient funds (49 out of 51 cases). The care such patients received was apparently such as could be given by the family or neighbours, although a significant number of practical nurses were being employed. Attention is directed to the statements of physicians in enlarging upon this finding. Of 381 patients in this group, it was stated that no nursing care was needed by 199. In the remaining cases, such care as was being received was given by the family of 145 cases, and by practical nurses in 25. The returns also indicated that there were 42 patients for whom professional nursing care was not needed, but for whom the type of care being given might be modified to advantage. For instance, 42 patients were being cared for by members of the family and, for 41 of these the services of practical nurses were stated to be preferable.

Under the section of the questionnaire devoted to comments, the doctors were asked four questions. The first was: "Were the practical nurses secured from the Central Registry, and, if not, how were they secured?" Six replies indicated that physicians had obtained the services of practical nurses through the

Central Registry. Twenty-one replies showed that these services had been obtained as follows: 11 by the family; 8 from the physician's own list; 1 from a neighbour; 1 from a drug store.

The second question was: "Is the present system of securing practical nurses from the Central Registry satisfactory"? Thirty-five replied in the affirmative, adding the following comment: "There are not enough of them and more are needed". Four physicians said that they did not use the services of practical nurses. Two did not know that this service was available, and one said, "I am glad to hear that practical nurses may be secured from the Central Registry. How do you grade them?"

The third question was: "What preparation do you consider necessary for the so-called practical nurse"? The replies were as follows:

Practical woman with special preparation; a little knowledge is a dangerous thing.

Any woman with a high intelligence quotient can serve as a good practical nurse. If special knowledge is required, then a trained nurse is necessary.

Good general education, health, unemotional, well trained in household duties.

Would include male practical nurses.

Four physicians suggested that a home nursing course should be given. Nursing practice, under the supervision of a professional nurse or a physician, was suggested by three. It was also proposed that practical nurses should be given a course of lectures and practical training in the care of a bed patient; recording of temperature, pulse, respiration; the giving of enemata; the administration of hypodermic medication; serving palatable meals.

If a certificate were held to be necessary before securing a license, a supervised training for two months was suggested by five physicians; a six-months general course in a hospital by two physicians; a one-year general course in a hospital by four physicians; six months to one year general course in hospital by one physician; one or two years general course in hospital by one physician. A full training course in a small hospital, with a lower grading than standard hospital qualifications, was also put forward.

The fourth question was: "Can you suggest any extension or modifications of the Central Registry plan for the improvement of service, in order to more adequately meet the community nursing needs?" Four physicians gave an unqualified statement of satisfaction; two stated that they had no suggestions to make; one physician said: "Quite satisfactory, with the exception of the difficulty in procuring nurses over the holiday seasons—especially Christmas and New Year". Another said: "I believe the practical nurse fills a useful place in the private home where finances are a vital question". The suggestion was also made that visiting nursing associations should be subsidized to permit of much larger staffs, thereby reducing the necessity for using practical nurses. The need for male nurses was mentioned, and also the desirability of having nurses listed according to their special preparation and qualifications.

The eight-hour day was referred to by the majority of those replying to the questionnaires and the following points were stressed:

The cost is excessive. One physician said that 95 percent of his practice could not afford professional nursing care on the eight-hour basis; another set the figure at 90 percent.

Patients are disturbed by the frequent change of nurses. The nurse is anxious to earn her fee and does unnecessary things for the patient, not allowing him to have sufficient rest.

Nurses on the night period should make fuller notes on the care given and their

observation of the condition of the patient, as the physician rarely sees them for conference.

It should be left to the discretion of the attending physician and the nurse as to whether eight or twelve-hour duty is desirable for any patient. One physician said: "By no means do I support the twelve-hour day for student nurses nor for graduate nurses, but the shorter hours could mean work for more nurses if fees were scaled down in proportion".

It is noted that no reference was made to the needs of the nurse as an individual, nor how these are met by the eight-hour day.

In considering the findings of the committee, attention is drawn to the fact that there are four central registries in Ontario; these are situated in Hamilton, London, Ottawa, and Toronto. The first survey was carried on throughout the Province with the exception of these four cities; the second survey included Districts 5, 8, and 9, with the exception of the cities of Ottawa and Toronto. The third survey applies only to the city of London, where a Central Registry operates.

In other words the findings of the first and second surveys apply to areas of the Province not served directly by a central registry, while the findings of the third survey apply to a city which is served by a central registry. In the first and second surveys, replies came from physicians practising in remote areas and in rural communities in southern Ontario. Medical officers of health in some of the smaller municipalities suggested that public health nursing service might include bedside care on a visit basis. Others recommended the extension of the scope of visiting nursing organizations.

The question of the subsidiary worker arose in all three surveys, and in this connection attention is drawn to the editorial pages of the February, 1940, issue of *The Canadian Nurse*, and also to the article entitled "The auxiliary worker in the care of the sick", by Miss Effie Taylor, which appears in the same number. In New Zealand, the organized nursing profession has studied this question and has seen the results of their efforts embodied in legislation which places responsibility for the training and direction of the subsidiary worker in the hands of the professional group. In the State of New York, a survey revealed that there were some 42,000 unclassified nurses practising, many with little or no preparation. A legislative program resulted in the passing of an Act providing for the licensure and control of all who nurse the sick for hire, either as registered professional nurses or as practical nurses. This law further provides that subsidiary workers directly concerned with the care of patients, and not already qualified for the practical nurses license or without previous training or experience, must in future have a course of training approved by the Department of Education, and be able to pass a State Board examination.

It is known, from the federal census of 1931, that there were at that time in Ontario 2,250 women of all ages, engaged in practical nursing. Further information will be revealed by the census which will be completed in 1941.

In presenting the report of the Committee, Miss Edna Moore expressed deep appreciation of the support and encouragement so freely given by the Registered Nurses Association of Ontario. She also spoke of the valuable co-operation of the Ontario Medical Association, and of the physicians throughout the Province without whose help the three surveys could not have been made. Special thanks were tendered to Dr. A. Hardisty Sellers, medical statistician of the Ontario Department

of Health. The contributions made by Dr. Ward Woolner, Miss Nell Wark, and Mrs. W. F. B. Parsons were gratefully acknowledged.

Thanks to the excellent work of the Committee on the Distribution of Nursing Service, the Registered Nurses Association of Ontario has acquired a considerable body of authoritative information for use in whatever way may be indicated. Nor is the usefulness of this report confined to Ontario—it may be studied to advantage in every province in Canada.

The R.N.A.O. and Registries

No one who attended the annual meeting of the Registered Nurses Association of Ontario is likely to forget the masterly report presented by Miss Marjorie Buck, on behalf of the committee on the formation and re-organization of registries. This project was carried on by means of three co-ordinated sub-committees.

The first of these committees, under the convenership of Miss Madalene Baker, outlined the guiding principles which should govern the organization, administration and finance of a Community Nursing Registry; the second, under the convenership of Miss Marjorie Buck, drew up a tentative constitution and by-laws for such a Registry, together with the necessary rules and regulations; the third sub-committee, under the convenership of Miss Jean L. Church, presented a comprehensive system of records. The committee, as a whole, was in close touch with the committee on the distribution of nursing service, working under the convenership of Miss Edna Moore. This active co-operation accounts, in a large measure, for the remarkable success achieved by both groups.

In outlining the fundamental principles, the Committee defined a Community Nursing Registry as a placement service, established for the purpose of meeting the community's every need for nursing service. Such a Registry would serve as a clearing house for all nursing interests, and would strive to maintain a high standard of professional work and ethical conduct. It would help to promote a measure of economic security for the registrants, and to bridge the gap between the patient who needs nursing service and the nurse who is prepared to render it.

Direction and Control: The standards suggested by the Committee are based upon the premise that certain fundamentals in physical equipment, organization, administration, and objectives are common to all nurses' professional registries, whatever their type of organization, their size, or their scope.

The Committee recommends that the direction and control of the Registry shall be vested in a thoroughly representative Board of Directors. The office of the Registry should be conveniently located and suitably equipped. If housed in a local hospital, a definite business arrangement should be made. The Registry should not be conducted in a private home.

Finance: The Committee suggests that

possible sources of income for the maintenance of the Registry include:

Initial and annual registration fees from registrants.

A stipulated monthly sum from Visiting Nursing organizations for servicing their night and holiday calls or, if there is only one visiting nurse in the community, all their calls.

Annual fees from physicians who wish the Registry to take their calls if no answer is received from their office or home telephones.

Grants from local medical and nursing organizations.

Grants from Community Chest funds, and insurance companies.

Grants from provincial and municipal governments.

Funds raised by voluntary group effort.

Various co-operative insurance plans.

Publicity: A continuing publicity program should be consistently carried on for the information of the public. Well qualified speakers should address the medical and nursing groups. Personal contact should be maintained with hospital authorities. Every effort should be made to interest service clubs and other welfare organizations. Appropriate articles should be prepared for *The Canadian Nurse* and other professional journals, as well as for the local press. Circulars should be distributed to industrial plants, stores, and other groups.

Membership: The members of the Registry shall consist of (1) graduate nurses (male and female) holding registration certificates from the Province of Ontario for the current year, and who agree to comply with the rules and regulations of the Registry; (2) subsidiary and auxiliary workers such as practical nurses, orderlies, and housekeepers (the same to be certified when such certification or registration be enacted) and who agree to comply with the rules and regulations of the Registry. Membership fees shall be regulated by the Board of Directors.

Administration: The Board of Directors shall be made up of representatives of the various groups listed below, provided that the membership, other than nurses, shall not exceed one-third of the total personnel: local nursing organizations; local superintendents of nurses; local superintendents of hospitals; visiting nursing associations; public health nurses; local medical organizations; men and women representative of community interests; all registrant groups; Community Chest, Welfare Board or any organized social agency; district association of the Registered Nurses Association of Ontario.

Registrar: The Registrar, and such assistants as may be needed to maintain a twenty-four hour service, shall be appointed by the board of directors and shall be well-qualified graduate nurses. Their salaries, hours of duty, arrangements for relief and holidays shall be as stipulated by the board of directors. The Registrar shall accept all applications for membership and present them to the Credential Committee appointed by the Board of Directors. She shall keep a record of all the members of the Registry, their addresses and telephone numbers, and shall notify the members of all meetings. She shall, under the advice and direction of the board, administer the office details of the Registry including the maintenance of the record system.

Rules and Regulations: The Committee has drawn up rules and regulations which set forth the terms of agreement between the Registry and the registrant. Among these are the following:

The registrant receiving placement service must meet definite requirements and will be expected to co-operate by promoting the aims and purposes of the Registry.

The Board of Directors has the authority to cancel the membership of a registrant, if in the opinion of the Board such action is necessary in the best interests of the Registry.

The registrant is privileged to bring to the attention of the Board of Directors, through the proper channels, any matter which she believes is not in the best interests of the registrant and of the Registry.

A registrant, when registering for duty, will have her name placed at the end of the call list, but she must be ready to respond to a call. The Registrar will send out the first registrant on the call list who is slated for the class of work to which the call refers, except when a "special" request has been received.

After a registrant has placed her name on call, if illness or any other unavoidable cause prevents her responding to a call, she must notify the Registrar at once, in which instance her name will be kept in its proper rank for a period of forty-eight hours; neither does she lose her rank for a case lasting the same period of time. She may also be allowed to bracket for three days.

The Registry is privileged to reserve a sufficient number of registrants to meet the need for Sundays and holidays.

A registrant must be prepared to take all cases for which she is fitted during her first three years on the Registry, after which time she may state her preferences in a written request to the Board.

Records: A comprehensive series of records constitutes a most valuable part of the report. For graduate registrants, there is an application form which gives a complete picture of the applicant's professional qualifications, and also a general idea of her personality and mental attitudes. The letter of enquiry, addressed by the Registry to the applicant's superintendent of nurses, includes a number of headings under which a critical appraisal may be made. The record card, for use on the call board, summarizes information which will enable the registrar to make a wise choice in assignments.

The application form to be used by auxiliary workers contains enquiries concerning the candidate's experience in household management as well as her experience in nursing patients. An excellent introduction card, to be given to the patient by the auxiliary worker, is also provided. This card plainly indicates the status of the worker and the amount of the fee which may be charged. It is also made clear that a graduate nurse, representing the Registry, is available for advice if her counsel is desired either by the patient or the attendant.

Obituary

MARGARET ELIZABETH DUNCAN CURRIE, beloved wife of Mr. T. D. Currie, died on April 18, 1940. Mrs. Currie was a member of the first class to graduate from the School of Nursing of the Wellesley Hospital, Toronto. Immediately after her graduation in 1915, she served for two years with Number 16, C.A.M.C. Hospital in Orpington, England, and subsequently as a member of the staff of the Davisville Military Hospital in Toronto.

Viruses

D. J. MacLeod

Although certain important virus diseases were known many years ago, it was not until 1892 that a Russian botanist, Iwanowski appreciated something of the real nature of these infectious maladies. This scientist found that when the juice from a tobacco plant which showed a curious mottling of the leaves was rubbed into a healthy plant similar symptoms promptly developed in the plant so infected, thus establishing that the infectious agent was in the sap. Iwanowski also discovered that when the juice of an infected tobacco plant was passed through a fine porcelain filter that ordinarily excludes bacteria, it maintained its infectious properties, establishing that the active principle was something smaller than bacteria.

Curiously enough, Iwanowski failed to grasp the significance of these striking results and concluded that the disease was still bacterial in nature, the reaction being due to toxin. It remained, therefore, for a Dutch botanist, Beijerinck, six years later to appreciate the true significance of these findings and to prove that the infectious agent was not a bacterial toxin but something much smaller than ordinary bacteria which he called a *contagium vivum fluidum*, "a contagious living fluid", thus establishing the existence of a new group of disease-producing agents, differing from bacteria, which are now called viruses. This discovery was soon followed by the finding of the first virus disease of animals, the foot-and-mouth disease of cattle. Later the virus origin of smallpox, infantile paralysis, fever blister, fowlpox, hog cholera, dog distemper and various destructive diseases of plants and insects was established.

It is gratifying to realize that virus diseases, such as smallpox and yellow fever, which caused much human suffering are now under control. Unfortunately, however, a number of virus diseases such as infantile paralysis and encephalitis continue to take their toll, while such diseases as hog cholera and horse encephalitis, also of virus origin, still cause the death of many animals on this continent, and thousands of animals die in Europe annually from the foot-and-mouth disease. Virus diseases of plants are also responsible for serious annual crop losses, amounting to millions of dollars. The economic importance of the virus diseases of plants therefore, furnishes a continuous stimulus for a study of their nature and control. It may be of interest to refer briefly to some recent advances made in the study of the nature of these disease-producing agencies.

Filtrability was considered at first almost an infallible means of distinguishing between bacteria and viruses. No great exception was taken to this conception until some certain accepted living organisms were discovered that were smaller than the vaccinia virus, the so-called influenza organism, for instance. Later, as the methods for determining the size of small particles were improved, it became obvious that certain viruses (such as those of infantile paralysis and the foot-and-mouth disease of cattle) were not only smaller than bacteria but actually less in size than certain protein molecules. Since there is therefore, no justification for separating bacteria and viruses on the basis of their filtrability, these groups are now distinguished by other characteristic proper-

ties, by means of a combination of which it is now possible to definitely recognize and isolate some of the important viruses.

The most important property of a virus is its capability of multiplication or reproduction which process, however, occurs only within the living cells of susceptible hosts. Although certain viruses may survive outside the living cell, they neither multiply nor cause disease when so maintained, or in the presence of dead cells or of cell-free extracts of living cells. It is also significant that, during multiplication, most of the virus produced is similar to that with which the host was originally inoculated, thus resulting in an almost constant production of the specific virus and usually giving rise to a definite set of disease symptoms. Sometimes, however, there is also produced a minimum of virus that differs slightly from that originally introduced. This is interpreted as being a mutation whereby a new strain of the virus is created.

Of considerable practical importance and interest is the fact that some strains of plant viruses are so mild in their effect on the host plant that they may produce no visible symptoms, yet may protect the plant so involved against invasion by a more virulent strain of the same virus. A similar situation obtains in the case of viruses affecting man and domestic animals, although the mechanics of the immunity created may be somewhat different. This principle has been used for years to vaccinate and protect human beings against the more severe strains of the smallpox virus, and recently there has been developed a new strain of yellow fever virus which is used to protect against the more virulent strain that has caused such a great loss of life in the tropics. Another interesting feature of viruses is that certain of them produce inclusion bodies within the infected cells which may be used as a means of recognition. Certain plant viruses may be identified in this way and the use of this characteristic for the detection of rabies in the brain is well known. It will be thus recognized that some of the properties by which viruses are characterized, such as reproduction, mutation and specificity of action and infectiousness have been regarded for years as characteristic of living organisms. This explains the reasons why earlier investigators had a general tendency to regard viruses as submicroscopic living organisms.

Among the viruses that have probably been subjected to the most extensive investigation in the past are vaccinia, rabies, and the tobacco mosaic virus. The latter of these was selected for critical investigation on account of having certain suitable properties, such as being intermediate in size, which rendered it a convenient and excellent type for study. Many investigators devoted their attention to this virus, and in 1935 Dr. W. M. Stanley, a chemist at the Rockefeller Institute at Princeton, New Jersey, established for the first time the protein nature of the virus and was able to isolate the same in a crystalline form. This was soon followed by the isolation in crystalline form of other plant viruses such as the ring spot of tobacco and one causing a disease known as "bushy stunt" in the tomato.

None of the animal virus proteins have been isolated in crystalline form but there is strong evidence of the protein nature of such viruses as that of vaccinia, foot-and-mouth disease and Rous sarcoma. Some very interesting chemical studies have been made of these proteins and the reaction of a number of substances, including many disinfectants, have been determined. It was found that certain of these substances changed the virus protein to such an extent that other proteins were produced

which though having physical, chemical and serological properties, either identical or very similar to those of the active protein were quite incapable of producing disease. This may serve as a useful aid in arriving at a control for some of these viruses.

It is of great significance that viruses are extraordinary proteins, of a size in some cases less than that of certain molecules which when introduced into the living cells of animals and plants may direct the metabolism of the invaded cells in such a manner that they cease to function normally, thus producing reactions that may be termed as disease. It is also remarkable that this protein is capable of reproducing itself during the process of causing disease, simulating the behaviour of a living organism.

Biologists have always adhered strongly to the cell theory of life, and to the conception that a tremendous amount of organization is necessary for its support. The idea that a single unit, molecular in size may possess sufficient organization to endow it with life-like properties under certain conditions offers a new outlook which should be approached with caution but given due consideration. Viruses, therefore, have given rise to a new research that started with the study of a plant disease and continued with problems of interest not only to the bacteriologist and pathologist, but also the chemist, the physicist, the crystallographer and the biologist. This research now appears to be culminating in a problem of general interest to all scientists—the riddle of life itself.

Nursing Service, R.C.A.M.C., C.A.S.F.

The Canada Gazette announces the appointment of Emma Florence Pense, R.R.C., as Matron-in-Chief (in England) of the military nursing service, R.C.A.M.C., C.A.S.F. Since July 1920 Miss Pense has been a member of the permanent nursing staff of the R.C.A.M.C., and at the outbreak of the present war held the position of Matron in the military Hospital at Kingston, Ontario.

From 1914 to 1919, during the first Great War, Miss Pense rendered valuable service in France, Belgium and England, first as a Nursing Sister, and later as Assistant Matron, and Assistant to the Principal Matron, in France. In recognition of her fine achievement, Miss Pense received the following decorations: Royal Red Cross; the

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1914 ("Mons") Star; the King George V Jubilee Medal; the Coronation Medal.

Miss Pense was born in Kingston, and educated at the Kingston Ladies College. She is a graduate of the School of Nursing of St. Luke's Hospital, Newburgh, New York. Her first administrative position was as assistant superintendent of nurses in a hospital in Canton, Ohio, and subsequently she became superintendent of nurses in the General Hospital at New Philadelphia, Ohio. This position she resigned in 1908 in order to take a course in military nursing at Halifax which qualified her for the C.A.M.C. permanent nursing service.

Miss Pense has already assumed her duties as Matron-in-Chief in England, and the nurses of Canada will wish her all success in her arduous and responsible task.

The Canada Gazette announces that Nursing Sister J. Machray has been appointed to be Assistant Matron. The following have been appointed to be Nursing Sisters: H. B. Sabine, E. B. Maclean, D. E. Mick, N. O. Crozier, F. B. Balcom, A. W. Foster, M. E. M. Jnoes, C. S. Clark, A. T. Pillsbury, T. M. Frazer, M. C. Crawford, E. C. Molyneux.

J. Wallace, A. M. Ogilvy, R. L. King, J. M. Jeffrey, R. D. Bramley, V. A. Galbreath, E. Nielsen, M. M. Shearman, B. M. Seaman, N. L. Smiley, D. M. M. Rodgers, V. M. MacRae, S. Wolchuk, M. M. J. Vincent, J. D. Aseltine, E. Smith, E. O. Waugh, I. A. Baldwin, M. C. Brown, A. L. Young, M. D. Fuller, Q. M. Esdale, A. J. Macleod, M. Loggin, M. Hodgson, C. R. Shand, H. G. MacGuigan, H. L. Lane, R. Adams, D. F. Harris, H. B. Howard, G. N. Dube, S. D. Legate, M. Adair, I. Gervin, M. S. Fillmore, B. M. Welsh, O. H. Munro, V. E. E. Roberts, H. J. Coburn, B. J. Knowles, A. Thorpe, M. L. M. Baldwin, C. M. Morris, A. E. Manderson, E. L. Burnham.

AN EXECUTIVE HAS NOTHING TO DO—ALMOST

As everybody knows, an executive has practically nothing to do — that is, nothing to do except:

To decide what is to be done; to tell somebody to do it; to listen to reasons why it should not be done, why it should be done in a different way, and to prepare arguments in rebuttal that shall be convincing and conclusive.

To follow up to see if the thing has been done; to discover that it has not been done; to inquire why it has not been done; to listen to excuses from the person who should have done it and did not do it.

To follow up a second time to see if the thing has been done; to discover that it has been done but done incorrectly; to point out how it should have been done; to conclude that as long as it has been done, it may as well be left as it is; to wonder if it is not time to get rid of a person who cannot do a thing correctly.

To consider how much simpler and better the thing would have been done had he done it himself in the first place; to reflect sadly that if he had done it himself he would have been able to do it right in twenty minutes, but that as things turned out he himself spent two days trying to find out why it was that it had taken somebody else three weeks to do it wrong; but to realize that such an idea would strike at the very foundation of the belief of all employees that an executive has nothing to do.

—F. C. Bierne,
in *The Ounce of Prevention*

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Province of New Brunswick

Congratulations are extended to the New Brunswick Association of Registered Nurses in obtaining a long desired objective, namely, the passing of a new bill for the Registration of Nurses by the Provincial Legislature. This bill recently received the final signature of the Lieutenant Governor of New Brunswick. New and amended by-laws to conform with the new Act of Registration will be adopted at the annual meeting of the New Brunswick Association of Registered Nurses, in September 1940.

At a recent meeting, the Executive Council of the New Brunswick Association of Registered Nurses accepted with much regret the resignation of Miss Maude E. Retallick as secretary-registrar. This resignation terminates a tenure of office extending over fifteen years.

Control of Cancer

The chairman of the Canadian Society for the Control of Cancer has sent the following letter to the Canadian Nurses Association:

I believe that the work of the Canadian Society for the Control of Cancer is not unknown to the members of your organization. Education, as you will appreciate, is one of the key factors in a successful campaign to control cancer.

Very detailed plans are under consideration of a representative group here in Toronto for a widespread campaign, and we would appreciate it if you would have this letter read at the next meeting of your organization.

We would appreciate it, first of all, if your members would look for the Canadian Society for the Control of Cancer exhibit at the Canadian National Exhibition. In addition to this, a public meeting is being planned, to be held either in Varsity Arena or Convocation Hall, on Friday, September 20, at which time outstanding speakers will address the audience on cancer and cancer control work. This will be followed by a widespread campaign to extend the scope of our educational programme, but we would ask the members of your organization to particularly keep in mind these two events, with a view to lending their wholehearted co-operation.

May I take this opportunity of extending to your members, on behalf of Toronto District Council, our heartiest greetings and best wishes for a successful year?

Anonymous Letters

Members of provincial Associations of Registered Nurses are reminded that the Canadian Nurses Association cannot give consideration to any letter that does not bear the signature and address of the writer.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Edmonton District Branch No. 7, Alberta Association of Registered Nurses	$10.00
Medicine Hat District No. 10, Alberta Association of Registered Nurses	5.00
General Duty Nurses, Royal Alexandra Hospital, Edmonton	9.75

Public Health Section, Alberta Association of Registered Nurses .. 5.00
Public Health Nurses of Alberta ... 1.00
Staff Nurses, Royal Alexandra Hospital, Edmonton 5.00

British Columbia:

A.A., St. Joseph's Hospital, Victoria 5.00
A.A., Vancouver General Hospital, Vancouver 10.00
Overseas Nurses Association, Vancouver 10.00
Miss E. M. Rutherford, Merritt 1.00
Registered Nurses, Provincial Mental Hospital, Essondale 7.00
Royal Jubilee Hospital Training School, Victoria 15.00
Royal Jubilee Hospital Supervising Staff, Victoria 2.50

New Brunswick:

New Brunswick Association of Registered Nurses 50.00
A.A., Chipman Memorial Hospital, St. Stephen 5.00
A.A., Fisher Memorial Hospital, Woodstock 10.00
A.A., Saint John General Hospital, Saint John 10.00
A.A., St. Joseph's Hospital, Saint John 5.00
A.A., Soldiers' Memorial Hospital, Campbellton 10.00
Staff Nurses:
Chipman Memorial Hospital, St. Stephen 3.50
Fisher Memorial Hospital, Woodstock 5.00
Lancaster Military Hospital, West Saint John 3.50
Miramichi Hospital, Newcastle 2.25
Provincial Hospital, Fairville 10.00
Saint John General Hospital, Saint John 10.00
Victoria Public Hospital, Fredericton 4.00
Saint John Public Health Section, N.B.A.R.N. 7.00
St. Stephen Chapter, N.B.A.R.N. 5.00
Saint John Chapter, N.B.A.R.N. ... 15.00
From Surplus of Donations of Previous Years 34.75

Nova Scotia:

A.A., Halifax Infirmary, Halifax .. 5.00
A.A., Glace Bay General Hospital, Glace Bay 10.00
Antigonish-Guysboro-Inverness-Richmond Branch, R.N.A.N.S. ... 5.00
Lunenburg Branch, R.N.A.N.S. 10.00

Ontario:

A.A., St. Joseph's Hospital, Peterborough 5.00

The S.R.N.A. Annual Meeting

The twenty-third annual convention of the Saskatchewan Registered Nurses Association was held in Regina on May 28 and 29. Twenty-two centres were represented, one of these being the northerly Red Cross Outpost at Pierceland, Saskatchewan. As evidenced by the attendance, the program was varied and full of interest. Delegates received a warm welcome to Regina. The committee on local arrangements, under the chairmanship of Miss A. F. Lawrie, made all arrangements for their comfort and convenience. The Saskatchewan Hotel afforded an appropriate setting.

From the inspiring address by the president, Miss Ann Morton, to the moment of adjournment, the days were well filled. In her address, Miss Morton stressed the need for unity of effort, and stated how essential it is for nurses to be prepared to meet any demands that arise in the present crisis, without thought of personal gain.

Saskatchewan nurses welcomed Miss Nettie Fidler, of the University of Toronto, as their special guest. In addition

to the informative address which Miss Fidler gave on the first morning ,when she so ably developed the subject of psychiatry in nursing, she attended all sessions and shared in the round table discussion. On the second day, Miss Fidler took the delegates for a trip to Poland and Finland and placed special emphasis on the professional developments in these countries, as she found them in 1939. The nurses of Saskatchewan greatly appreciated Miss Fidler's attendance at the convention, and regretted that her sojourn in the province was so brief.

Several other stimulating addresses were given, including those on "Some phases of public health" by the Hon. J. M. Uhrich, and "What have we by way of heritage?" by M. A. MacPherson, K. C. Both these addresses were challenging and full of interest.

On the first afternoon, the Sections met to consider their special interests. These sessions were presided over by the respective chairmen: Public Health Section, Miss M. Pierce, of Wolseley; Nursing Education Section, Miss M. Ingham, of Moose Jaw; Private Duty Section, Miss M. Chisholm, of Saskatoon.

At the business sessions of the convention special study was given to the recommendations and resolutions that are to be discussed at the biennial meeting of the Canadian Nurses Association. Other matters of concern and interest that were considered at these sessions were the reports of the treasurer-registrar and advisor, and of special committees; recommendations regarding the supervision and control of home and convalescent aids, and the establishment of a loan fund.

Under the leadership of Miss Augusta Evans, *The Canadian Nurse* received unique publicity. To be appreciated, the rendering of the latter must be told to music — as it was by Miss Evans and Miss Bransted of Moose Jaw. From later reports, the various energetic appeals made by the *Journal* Committee were not in vain.

A novel presentation was included on the program on the first afternoon, at a session presided over by Miss M. R. Chisholm of Saskatoon. At this meeting, work in a Red Cross Outpost Hospital, the activities of an air stewardess, of a public health nurse, and a private duty nurse were outlined respectively by Misses Clara Neal, L. Garner, Agnes Laidlaw and Eileen Welsh. Through the kindness of the Saskatchewan Red Cross Society, delegates were privileged to see a motion film of work in a Red Cross Outpost Hospital in Saskatchewan. The round table discussion, conducted by Miss R. M. Simpson, was an event that created much interest.

Exhibits also formed part of the program and were well worthwhile. They included contributions from hospitals, schools and public health organizations. A whole article could be written on many of the interesting projects and equipment displayed. These were brought to the attention of the audience by Miss Marion Thompson, instructor, Regina General Hospital.

The final session, held at the Regina Grey Nuns Hospital, was followed by an interesting address by Dr. A. W. Blair on the management of cancer, and a visit to the Cancer Clinic, recently established at the Regina Grey Nuns Hospital.

Social events were many and pleasant. Delightful luncheons were given in honour of the delegates by the Regina General Hospital and the Regina Grey Nuns Hospital. The banquet, at which Miss M. Diederichs, president of the Regina Registered Nurses Association, presided was well attended. One

of the highlights of the convention was the tea at Government House, when delegates were the guests of His Honour, the Lieutenant-Governor.

The report of the scrutineers showed the following members elected to office for 1940-41: President, Miss A. Morton, Weyburn; first vice-president, Miss M. Diederichs, Regina; second vice-president, Miss E. Amas, Saskatoon; councillors: Rev. Sister O'Grady, Saskatoon; Miss M. Ingham, Moose Jaw; chairmen of sections: private duty section, Miss M. Chisholm, Saskatoon; public health section, Miss M. Pierce, Wolseley; nursing education section, Miss M. Reid, Saskatoon.

A question asked at the round table discussion was: "How may the Provincial Nurses Association increase its usefulness to members?" One of the replies suggested that an association only develops as its members make use of it. The Saskatchewan Registered Nurses Association asks each nurse in Saskatchewan to test this suggestion and to be present at the twenty-fourth annual convention to report on the results.

The A.R.N.P.Q. Annual Meeting

In former years, the annual meeting of the Association of Registered Nurses of the Province of Quebec took place in mid-winter and sometimes synchronized with the worst blizzard of the season. This year it was held in the sunny weather of the month of May. The attendance was large and the various sessions were more interesting and stimulating than ever before.

The retiring president, Miss Margaret L. Moag, gave an admirable summary of the work accomplished during the past year, as evidenced by the reports of the various committees. Miss Moag spoke with deep feeling of the crisis through which our Empire is now passing and expressed confidence that nurses will play their part as courageously as they did in the first Great War.

The report of the treasurer, Miss Catherine M. Ferguson, showed that the finances of the Association are in a flourishing condition, and the executive secretary, Miss E. Frances Upton, presented comprehensive and stimulating reports in her dual capacity as registrar and school visitor. Reference was made to the magnificent response to the Joint Enrolment Plan for service in war or other disaster under which 1037 members have signified their desire to serve, approximately 900 of whom are now ready to be called upon. It was pointed out, however, that this process of enrolment had involved a tremendous increase in the work of the registrar.

Membership in the Association is steadily growing and now amounts to 4064. Of these, 1309 are engaged in private duty, 1618 in institutional work, 523 in public health nursing, and 104 as office nurses, registrars, etc.

Steady progress is being made in schools of nursing, especially in relation to the following: teaching of chemistry and dietetics; affiliation for courses in the nursing of communicable diseases;

instruction and supervision in the clinical field. The health of the students is well safeguarded, and a reduction is being made gradually in their hours of duty.

Evening sessions were held concurrently in English and in French, and so interesting were both programs that it was not easy to choose between them. The French members had the pleasure of hearing Mme Pierre Casgrain speak on the contribution of the nurse to society, and Dr. Adelard Groulx, director of the Department of Health of the City of Montreal, gave a stimulating address on the role of the visiting nurse. A very large audience heard Dr. Grant Fleming give a masterly analysis of the implications of the report on the distribution of medical care and public health service in Canada. A most cordial welcome was given to Miss Sally Johnson, principal of the School of Nursing of the Massachusetts General Hospital, who spoke on the eight-hour day for private duty nurses in hospitals. The delightful humour, frankness, and common sense with which she handled this controversial subject were beyond all praise. Miss Johnson based her findings on actual experience and shed considerable light in dark places. While there could be no doubt about her sympathy with private duty nurses, she admitted that there were faults on all sides and that physicians, hospital authorities, nurses and patients must strive to understand and help each other.

A symposium, entitled, "The patient needs a nurse" was an excellent example of the recent trend toward presenting nursing problems in dramatic form. The three Sections pooled their resources and presented a most original sketch in which the fortunes of Mrs. Boyd were traced from the time she entered the hospital for operation until she was back in her own home under the care of a Victorian Order Nurse. The dialogue, while highly amusing, had an undertone of earnestness which gave it poignancy, and the part of the irrepressible Irish patient was admirably portrayed by Miss Rose Mary Tansey. Convincing character sketches were given of a student nurse, a head nurse, a special nurse, a Victorian Order nurse and a pediatric nurse by Miss Katherine Hyndman, Miss Winnifred MacLean, Miss Elizabeth A. Smith, Miss Evelyn Pibus, and Miss Ruby Tinkiss. The role of the anxious relative was taken by Miss Eleanor G. Johnson. The direction was in the capable hands of Miss Mary Mathewson, and Miss Marion Nash. At the conclusion of the play, the lesson it conveyed was summarized very sympathetically by Miss Nora Nagle.

Running concurrently with the symposium was a very well attended meeting of French members at which Mlle Claire Godbout presented suggestions regarding the solution of the problems of the private duty nurse, and Alderman Léon Trépanier outlined in detail the plans of the committee (of which he is chairman) charged with the responsibility of arranging Montreal's Tercentenary celebrations in 1942.

A most successful meeting was brought to a close by sessions at which very able addresses were delivered before the English group by Dr. M. R. Harrower and the Rev. George Kilpatrick, and before the French group by Dr. Antonio Barbeau, Dr. Albert Jutras, and the Rev. Paul Emile Leger.

The Canadian Nurse Committee of the A.R.N P.Q., under the direction of its convener, Miss M. Flander, were responsible for a most ingenious exhibit which illustrated the content of various issues of the *Journal*. This proved to be so interesting and instructive that it was decided to send it "on tour" to the Biennial Meeting of the Canadian Nurses Association in Calgary.

The R.N.A.N.S. Annual Meeting

The thirty-first annual meeting of the Registered Nurses Association of Nova Scotia was held at Glace Bay on June 6 and 7. Delegates were welcomed by the Mayor of Glace Bay, Mr. D. W. Morrison. It was during a war, His Worship said, that nursing first came into prominence and now that another world conflict is raging, he knew that the nurses of Nova Scotia would discharge any duties assigned them in keeping with the best traditions of the profession.

The president, Mrs. Hope Mack, delivered a message of greeting and good wishes from Miss Grace Fairley. The reports of registrar, treasurer and corresponding secretary were presented by Miss Muriel J. Graham. There were 167 admissions during the year, thirty-two of which were by reciprocity and seven by waiver. Grading reports were prepared by the registrar, and sent to fifteen general schools of nursing and one affiliative school since the last annual meeting. Ratings were based on living quarters; recreational facilities; staff; curriculum and course; hours of duty; health program; clinical facilities; and class and demonstration rooms. A summary of the ratings showed that there was considerable variation in conditions.

A roll call of the branches showed that all were represented. Excellent reports of local activities were presented. The report of the standing committee on private duty, presented by Miss Marie LeBlanc, showed that while the nurses in the city of Halifax had enjoyed a busy year, and continued success with eight-hour duty, other sections of the Province had very little employment. These sections were all working for shorter hours, twenty-four hour duty was fast disappearing and several centres had successfully established a ten-hour day.

Sister Camillus of Lellis presented the report of the nursing education committee. During the past year the work had been retarded by the multiplicity of activities undertaken by all groups. Refresher courses had been held by local branches, and educational programs had been sponsored by Alumnae Associations throughout the Province. Miss Laura Page, convener of the Joint Enrolment Committee, reported that over three hundred nurses had enrolled for service in war or disaster. Lists had been kept up-to-date and forwarded to the Canadian Red Cross Society. Copies of the list were also in the possession of the local military authorities, A.R.P. officials, and others, so that there need be no delay in the event of a local emergency.

The members were entertained at tea at St. Joseph's Hospital, where Rev. Mother Ignatius, superintendent of the hospital, presented an excellent paper on the role of the hospital administrator. A tour of the new hospital wing and tuberculosis unit ended a most interesting afternoon. At the evening session, reports were given on "The Florence Nightingale Memorial", *The Canadian Nurse,* and eight-hour duty for nurses. Miss Hazel Macdonald presented a short report as C.N.A. councillor.

The next morning, bright and early, we drove to ancient Louisbourg, where His Worship, Mayor Huntington told us in vivid words the story of the only walled city in North America. When the museum had been visited, the remains of bastions and dungeons examined and the pounding white surf admired, we heartily enjoyed our lobster luncheon. Upon our return to Glace Bay, business

was resumed. Recommendations were presented from the Executive Committee and the Branches, and instructions were given our delegate to the General Meeting of the Canadian Nurses Association on matters of voting. An invitation was accepted to hold the 1941 annual meeting at Halifax, and plans were begun for a refresher course to be given in conjunction with it.

The following officers and conveners were appointed: President, Mrs. Hope Mack, Kentville; first vice-president, Miss Kathleen Harvey, Middleton; second vice-president, Miss Maude MacLellan, Digby; third vice-president, Miss Annie Martin, Sydney; recording secretary, Mrs. D. J. Gillis, Windsor Junction Conveners of the various committees were appointed as follows: public health, Miss Hazel Macdonald, Sydney; private duty, Miss Frances Brown, Wolfville; nursing education, Sister Mary Peter, Glace Bay; library, Miss Gertrude Crosby, Halifax; legislative, Miss Catherine Graham, Halifax; Red Cross emergency, Miss Laura Page, Halifax; advisory to registrar, Miss Sadie MacIsaac, Halifax; nominating, Mrs. C. W. Bennett, Halifax; arrangements, Miss Marjorie Jenkins, Halifax; program and publications, Miss Jessie McCann, Halifax.

An educative film, entitled "Good Hospital Care" was presented at the Savoy Theatre, and the final session took the form of a banquet when Miss Rhoda MacDonald, president of the Cape Breton and Victoria Branch of the Association, presided. A charming musical program was presented by the students of St. Joseph's and the Glace Bay General Schools of Nursing, concluding with a sing-song.

Mr. E. McK. Forbes, barrister, addressed the gathering on the responsibilities of a nurse. These were fourfold, he said, and included the duty of a nurse to herself, to society collectively, to the individual, and to God. Her duty to individuals was treated from a legal point of view, and several cases involving nursing jurisprudence were reviewed. Mr. Forbes concluded his address with a message of courage for these dark days of war. The sincerity of his assurance, "Hitler cannot touch God", brought comfort to us all.

—MURIEL J. GRAHAM

Which Procedures are Essential?

In isolated areas, where the members of the staff of the School of Nursing, have few chances for discussion with representative groups of the nursing profession, the instructor has many problems to solve. Some of these arise in connection with the teaching of practical procedure, for there is a marked difference of opinion as to what is essential, what is relatively unimportant, and what may be quite unnecessary. For example, such procedures as the following were recently listed as a waste of time if taught in the demonstration room to student nurses in a general hospital: hot pack; cold pack; hot air, vapour and light baths; medicated baths; sedative baths; colon irrigation; Murphy drip; lavage; gavage.

Are we doing our whole duty if we teach only what may be used in a particular hospital or locality?

STUDENT NURSES PAGE

What I Learned from the "V.O.N."

NELLIE WILE

Student Nurse

School of Nursing, Victoria General Hospital, Halifax

Nurses in training at the School of Nursing of the Victoria General Hospital, Halifax, enjoy certain advantages which are of exceptional value and interest; among these is the two-months affiliation with the Victorian Order of Nurses. A senior student is chosen, because completion of operating room and obstetrical training, dietary department instruction, and experience in both medical and surgical nursing is necessary for the work she will be required to do.

The student does not step blindly into this new work; a series of classes is given, and carefully selected articles are studied, as the different types of work require. Included in this study are the policies of the Victorian Order, the fundamentals of public health nursing, and standardized nursing procedures as practised in the home. Demonstrations and observation of each procedure are necessary before any nurse is allowed to carry on any visiting unaccompanied. From time to time, each visit is supervised.

For the first month, home contacts give the student an insight into post-partum, infant, medical, and surgical care. Preferably during the fourth week, a family is selected with which close contact is kept and which later provides material for a case history. This case history is made a part of the student's course and enables her to study the health, social and personality problems of a family. An attempt is made to analyze the problems, outline a plan for treatment, and as far as possible, carry out the plan. This study, perhaps, leads a nurse nearer to social problems than any other phase of her work; it is completed in the eighth week and is submitted before the affiliation period is ended. During the second month, welfare work includes pre-natal instruction and the usual post-partum and infant welfare visits. During this time the student observes one home delivery.

To me, one particularly interesting phase of the work was attending clinics conducted by the Victorian Order. These are the well baby clinic, including the immunization clinic for the pre-school children, and the pre-school dental clinic. Here contact was made with children of varying ages and development. The third clinic attended was the pre-natal, held at the Dalhousie Public Health Centre. The clinics not only gave us an idea of what is being done in this department of medical service

but also showed how much might be done to improve the health of a community through education.

We were also greatly interested in visits to a pasteurization plant, to the Provincial Department of Health, to a mission where a nursery school is conducted, to an orphanage, and to the Social Service Index. At the latter, policies and methods were explained and information gathered on the ways of safeguarding community life. It was also our privilege to attend different community meetings. One of particular interest was the annual meeting of the Victorian Order where we learned of its activities during the year and of the part this branch plays in National Health Service.

It is with keen enjoyment that we carry out our work during the eight weeks' affiliation. The patient is studied, in relation to his family and to the community, as he cannot be studied in hospitals which have not a social service department. With a broader insight into community services and conditions, we leave the Order and return to our hospital work where we shall no longer study and treat our patients only as isolated individuals but as members of that public of which they are a part.

In many students who have been chosen for the affiliating course, there has been developed a keen sense of the needs of each community as well as a slight knowledge of our social problems everywhere. Some of the workers in the public health field today can trace their decision to carry on this work to the experience they gained through such an affiliation in their student days.

Reader's Guide

The use of lumbar anaesthesia in obstetrics requires intelligent co-operation on the part of the nurse. His own successful practice as an obstetrician and his use of the extensive records of Casa Maria, St. Joseph's Hospital, Hamilton, enable **Dr. R. J. Fraser** to afford most valuable instruction.

The close relation of all branches of biology to the practice of medicine is becoming increasingly apparent. **Mr. D. J. MacLeod,** officer-in-charge of the Dominion Laboratory of Plant Pathology in Fredericton, N. B., in describing the viruses which attack plants, suggests the wider application of research in this field.

The nursing aspects of the use of convulsive therapy in schizophrenia is ably described by **Miss L. Fair,** instructor of nurses in the Ontario Hospital, Whitby, Ontario.

In these uncertain days, economic security for nurses requires careful consideration.

In her capacity as convener of a committee, appointed by the Registered Nurses Association of Ontario to study this question,

Miss E. M. Buckbee presented the excellent report which appears in this issue.

NEWS NOTES

ALBERTA

EDMONTON:

A meeting of Edmonton District, Number 7, Alberta Association of Registered Nurses, was held recently. The chairman of the district, Miss Agnes Macleod, was in the chair. About sixty members were present. Miss Edith Perkins was appointed to represent the District at the Biennial Meeting of the Canadian Nurses Association, and Miss M. McCulla, of Lamont, was appointed as a substitute. Miss Margaret Deniston was appointed convener of a membership committee.

Miss M. McCulla gave a very interesting talk on the health units now operating in the Province, and showed how health education is spread by means of clinics, teaching and examinations in schools. Miss McCulla explained that the purpose of the health units is to give the rural districts a health service similar to that available in the cities. Miss K. Brighty gave a short talk on the work of the travelling chest clinic. Miss J. Brown spoke on industrial nursing and stressed the importance of pre-employment examination and provision for first-aid treatment.

CALGARY:

At the annual banquet of the Alumnae Association of the Calgary General Hospital held recently, there were 261 members present. In her address, the president, Mrs. T. L. O'Keefe, drew attention to the contribution of $1200. which was donated to the Red Cross. The toast to the King was given by Mrs. G. C. Winstanley; to absent members by Mrs. M. Caffrey; and to the training school staff by Miss M. Watt which was responded to by the superintendent of nurses, Miss S. Macdonald. The program also included the initiation of the Class of 1940 into the Alumnae Association, musical selections, and a skit entitled, "The Dear Departed".

LETHBRIDGE:

The May meeting of the Alberta Association of Registered Nurses, District No. 8, was held at St. Michael's Hospital, with a very large attendance. The guest speaker was Prof. G. Besselaar, student of languages and world traveller. He was born in Holland but left there forty years ago to reside in British South Africa. There he became a British subject. In 1931 he returned to Holland and accepted a chair in Amsterdam University and in this capacity he was influential in placing many nurses from Holland in positions in South Africa. Nursing conditions in South Africa were vividly described by the speaker. Letters from nurses in South Africa were read from a nursing journal published in Holland, telling of their experiences in their respective fields of labour. After the meeting refreshments were served by the Sisters of St. Michael's Hospital.

Miss Marjorie Bair has accepted a position at the Galt Hospital as operating room assistant supervisor.

Married: Miss Bertha H. Clarke, superintendent of nurses, Galt Hospital, to Mr. Ernest J. Kipp.

BRITISH COLUMBIA

VICTORIA:

The commencement exercises for the Class of 1940 of the School of Nursing of the Royal Jubilee Hospital took place recently. In a colourful setting, forty-one nurses received their diplomas and badges from Dr. T. W. Walker, medical superintendent of the Hospital, and Miss A. L. Mitchell, director of nursing. Following the graduation exercises, a reception was held at the nurses home in honour of the graduating class.

A scholarship of $100. was presented by the Royal Jubilee Hospital Alumnae Association to Miss Helene McLeod, Class of 1937, for post-graduate work.

Miss Helen Keyworth (R. J. H., 1940) has accepted a position in the R. W. Large Memorial Hospital, Bella Bella, B. C.

Married: Recently, Miss Marion Fraser (R.J.H., 1939) to Mr. Gerald McNaught.

Married: Recently, Miss Eleanor Roos (R.J.H., 1935) to Mr. William Huxtable.

Married: Recently, Miss Dava Jean Morrison (R.J.H., 1938) to Mr. John Shea.

NEW WESTMINSTER:

At a recent meeting of the New Westminster Graduate Nurses Association Mrs. M. Purvis was elected president, Miss M. Lemon, secretary, and Miss M. McDonald, treasurer. The Association recently held a bridge to augment the emergency fund which

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the Association maintains to provide nurses for very ill indigent patients at the regular fee. The members of the Association also entertained the graduating class of the Royal Columbian Hospital at a banquet and theatre party.

MANITOBA

ST. BONIFACE:

St. Boniface Hospital:

The St. Boniface Hospital Alumnae Association recently entertained at dinner in honour of the graduating class of 1940. The guest speaker was Mr. Stewart Scott who gave a humourous address entitled "Between the sheets".

Miss Doris Rougeau, formerly of St. Boniface Hospital staff, has accepted a position in St. Mary's Hospital, Rochester. Miss Jeanne Aubin (S.B.H., 1935) has accepted a position as supervisor of dressing room two, St. Boniface Hospital. Miss P. Schwab, formerly of St. Boniface Hospital staff, has accepted a position in the operating room in the Grey Nuns Hospital, Regina. Miss Mary Tullock and Miss Maude Lowe have recently been appointed to positions in St. Boniface Hospital.

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. Boniface Hospital: Honourary president, Rev. Sister Krause; honourary vice-president, Mrs. F. Crosby; president, Miss K. McCallum; first vice-president, Mrs. E. Dwyer; second vice-president, Miss Anne Danilevitch; corresponding secretary, Mrs. F. Eastwood; recording secretary, Miss M. Prestay; treasurer, Miss Joyce Rudy; committee conveners: social, Miss Mary Maloney; membership, Miss Isabelle Pennock; press, Mrs. Frank Evans; visiting, Miss Theresa Schmidt; representatives to: M.A.R.N., Miss J. Parenteau: directory committee of M.A.R.N., Miss Signe Johnson; Local Council of Women, Mrs. Shankman; *The Canadian Nurse*, Miss J. Toupin.

NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter, N.B.A.R.N., was held recently at the Moncton Hospital, with the president, Miss Hillyard, in the chair. It was decided that the members would

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make clothing during the vacation months for refugee children. A pleasant hour was spent at bridge, through the courtesy of Miss Macmaster and her staff. The winners were Misses Sara Munroe, Pearl Matheson, and Marion MacLaren.

At the memorial service recently held for Miss Ina Duncan, a graduate of Moncton Hospital, who lost her life on the *Athenia*, an impressive sermon was delivered by the Rev. I. Higgins.

The members of the local chapter were recently guests of the graduating classes of the Moncton Hospital and Hotel Dieu Hospital at a delightful banquet.

Married: Recently, Miss Laura Steeves (M.H.T.S.) to Mr. Robert Morton.

ST. STEPHEN:

The observance of Hospital Day drew a number of visitors to the Chipman Memorial Hospital where one hundred and sixty-two guests signed the register. The departments were thrown open for inspection and probationers and members of the nursing staff acted as guides. The guests were received by the superintendent, Miss Reta Follis, assisted by officers of the Ladies Advisory Board of the hospital. Tea was later served with the help of Mrs. J. L. Haley, Mrs. A. E. Vesey, Mrs. S. D. Granville, Mrs. A. A. Laflin, Mrs. Laura Bogue and Mrs. George Cockburn.

A successful food sale was held recently in aid of the Chipman Memorial Hospital Alumnae Association.

At the regular meeting of the local chapter, N.B.A.R.N., it was suggested that the branch proceed with advertising the scholarship for two hundred and fifty dollars from the N.B.A.R.N. to be given to an accredited graduate of New Brunswick desiring to take an academic course.

NOVA SCOTIA

R.N.A.N.S.:

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to office in the Branch: President, Miss Vera McKinnion; vice-president, Miss Kay Chisholm; secretary-treasurer, Sister Margaret Claire.

The Branch has been very active throughout the year. Owing to the scattered location of the nurses and the stormy winter, transportation was difficult, but meetings were held every two months with a fairly good attendance.

The Red Cross Home Nursing course has been completed. Several nurses volunteered to conduct the classes thus making it possible to give two two-hour classes a week. We were given the use of St. Martha's Hospital lecture and demonstration rooms. Thirty students enrolled and rarely was there an absentee. The nurses are grateful for the experience of teaching such a group, and look forward to repeating the venture in the early fall.

Besides these classes given by the nurses, lectures were given by Dr. T. B. Murphy, and Dr. D. L. McDonald, D. D. S. A card party was held to help raise funds, and the sum of forty dollars and fifteen cents was realized.

Miss Marie LeBlanc (S.M.H., 1933) is now a member of the staff of Camp Hill Hospital, Halifax. Misses Margaret Forbes and Christine McIntosh (S. M. H., 1939) recently completed a post-graduate course at the Saint John Tuberculosis Hospital, N. B., and have been successful in obtaining positions on the staff. Miss Louise Warren (S. M. H., 1939) is planning a post-graduate course in surgery at St. Michael's Hospital, Toronto.

Married: Recently, Miss Dorothy McDonald (S. M. H., 1934) to Mr. Redmond Power.

Married: Recently, Miss Kay Byers (S. M. H., 1939) to Lieut. Harry Ripley.

ONTARIO

District 1

London:

Under the direction of Miss Mildred Walker, the University of Western Ontario arranged an instructive refresher course on tuberculosis at the Queen Alexandra Sanatorium, through the co-operation of Dr. D. W. Crombie, superintendent, and Miss A. L. Bradley, superintendent of nurses. Nurses registered from the fields of public health, hospital administration, and nursing education.

It was pointed out that X-ray revealed

seventy-five cases of tuberculosis among the soldiers in this centre alone. These men had been declared fit for army service before being X-rayed.

The nurses were entertained at luncheon and tea through the graciousness of Misses Bradley, Agnes Campbell, and Elizabeth Kidd. Sincere appreciation is extended to Dr. Crombie and his staff for this excellent refresher course.

Districts 2 and 3

Kitchener:

The Public Health Section of Districts 2 and 3 recently held a most successful supper meeting. Forty-five members were present with Dr. Roy Brillinger as guest speaker; his subject was mental hygiene in industry and was instructive and entertaining. Arrangements were made to meet again on September 25 at the Cutten Golf Club in Guelph.

Guelph:

Guelph General Hospital:

The graduating exercises of the School of Nursing of the Guelph General Hospital were held recently when sixteen nurses received their diplomas and the pins of the School. The chairman of the Board of Commissioners, Dr. W. J. R. Fowler, presided. The superintendent, Miss S. A. Campbell, presented an interesting report on the Training School and the activities of the Hospital, after which Mrs. Margaret Rhynas, president of Women's Hospital Aids of Ontario, gave an inspiring address. After the ceremony, a reception was held attended by a large number of friends and relatives of the Class.

The following awards were made: Miss Marjorie J. Cockburn was presented the gold medal for the highest standing; Miss Marion E. Day was presented the gold medal for general proficiency; Miss Anna K. Logan was presented the prize by the Alumnae Association for obstetrical nursing; Miss Edith V. Marriott was presented the prize by Dr. T. M. Savage for operating room technique. Medals were awarded by Dr. L. H. Leggett to Miss Mary I. Switzer and Miss Margaret L. McEachern for surgical nursing. Miss Helen A. Sloane was presented the prize by Dr. A. B. McCarter for bedside nursing.

In the intermediate Class, the prize for practical nursing and ethics, presented by the Women's Hospital Aid, was awarded to Miss Keytha Smith. In the Junior Class, the prize for practical nursing and ethics,

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presented by the Women's Hospital Aid, was awarded to Miss Dorothy Monteith.

In an attractive setting of red and white, the School colours, the Alumnae Association entertained the graduating class at dinner. The guest speaker, Dr. G. E. Reaman, head of the Department of English, Ontario Agricultural College, delivered a delightful talk on "People you will meet". Miss Clara Ziegler expressed appreciation to Dr. Reaman. The President of the Alumnae Association, Miss L. Ferguson, gave the toast to the King and the toast to absent members was proposed by Mrs. Howard Bolton. The toast to the Training School was given by Miss Loreen Sinclair, and responded to by Miss S. A. Campbell, and the toast to the graduating class was given by Miss Margaret Doughty, and responded to by Miss Isabel Switzer. Delightful musical numbers were rendered by Mrs. Dillistone.

District 5

Bowmanville:

The Spring meeting of District 5, R.N.A.O., was held recently at the Training School for Boys, Bowmanville. Approximately sixty-five members attended. Mr. Virgin, principal of the school, had arranged a very interesting program which included a demonstration in the gymnasium; vocal numbers by the boys; a tour of the buildings and grounds, followed by a very delicious, bounteous buffet supper.

At the evening meeting, Canon Spencer pronounced the Invocation after which reports were received from conveners of the Sections, the Chapters, and the standing committees. The speaker of the evening, Dr. Kenneth H. Rogers, explained the function of the "Big Brother Association", using his topic "Four Fine Boys" as an illustration.

Orillia:

A meeting of Chapter 2, District 5, R.N.A.O., was held recently at the Ontario Hospital, with sixty members present. Mr. H. D. Goodfellow, psychologist at the Ontario Hospital, spoke on the emotional side of life as related to good or bad health. At the clinic held later by Dr. Walker, photographs and films of the work done with the various patients were shown. A social hour followed.

Toronto:

Toronto Western Hospital:

The graduating exercises of the Toronto Western Hospital School of Nursing took place recently. Mrs. Alex Fasken presented the diplomas and pins, after which Dr. R. C. Wallace, principal and vice-chancellor of Queen's University, spoke to the nurses.

A reception followed at which Mrs. Fasken, Miss Ellis, Miss Rowan, and Miss Bolton received the guests.

The forty-two members of the 1940 graduating class presented a portrait of the director of their school, Miss Beatrice L. Ellis, to the hospital. The graduates formed a guard of honour as Miss Ellis came into the reception hall. The portrait, by Joseph Dreany, was unveiled and presented by Miss Katherine How on behalf of the graduates, and accepted by Mr. A. J. Swanson on behalf of the Board of Governors, after which Miss Ellis voiced her appreciation of this gesture of esteem shown her.

Miss Cleta Watson, Miss Graham, Miss Olive MacMurchy, and Miss Sally McCallum, who have completed successful appointments on the staff, were the recipients of tokens of appreciation of their achievements.

The Red Cross Auxiliary of the Toronto Western Hospital recently raffled a fifty-dollar cheque, a ten-dollar merchandise warrant and a table lamp, from which $639. was realized for the fund for work among the men overseas. The solarium, through the courtesy of the Board of Governors and Mr. Swanson, has been given over to the Hospital Red Cross Auxiliary for the purpose of making dressings for the Red Cross, and the nursing staff are supervising from 75 to 100 workers each day.

Wellesley Hospital:

The Wellesley Hospital Alumnae Association recently held a very successful meeting in aid of war work. Miss Grace Bolton presided and Mrs. W. G. Keane, president of the auxiliary, reported that 835 articles had been donated. Miss Dorothy Powers reported that 200 knitted articles had been given by active nurses to the Canadian sailors at Halifax. It was noted to send a box of knitted articles to the British Navy. The president gave a report of the R.N.A.O. convention and Miss Eunice Dinby gave an interesting demonstration on floral arrangement. Lucky number prizes were awarded following a successful drive for war funds. There was a sale of home cooking and candy in charge of Miss Mary Stanton and Mrs. Charles McMichael. Seventy-five nurses, including two nursing sisters, were present.

New Toronto:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Ontario Hospital, New Toronto: Honourary presidents, Miss Esther Rothery, Mrs.

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District 6

BELLEVILLE:

The regular meeting of Chapter A, District 6, R.N.A.O., was held recently, with Miss Bertram in the chair. After the routine business meeting, the report on economic security for nurses was discussed. Miss Finkle, the Belleville General Hospital Alumnae delegate, presented an interesting report of the R.N.A.O. convention held in Ottawa. A social hour followed.

COBOURG:

The regular meeting of Chapter B, District 6, R.N.A.O., was held recently at the General Hospital, with Miss Shaw presiding. Twenty-eight members were present. After a short business meeting, Miss Shaw introduced Dr. F. P. Lloyd, who showed interesting moving pictures on modern nursing in pediatrics and plastic surgery. A vote of thanks was extended by Miss Elliot, after which refreshments were served.

Married: Recently, Miss Claudia Mutton (C.G.H.) to Mr. John A. Noble.

LINDSAY:

The regular meeting of Chapter C, District 6, R.N.A.O., was held recently in the Ross Memorial Hospital, with the president, Mrs. Rundle, in the chair. The resignation of Mrs. Revory as convener of transportation was accepted, and Mrs. R. McIntyre was appointed. The advisability of presenting a skit on the community registration bureau was discussed, and Miss Lynch gave an excellent report of her trip to the R.N.A.O. convention in Ottawa. A social hour was much enjoyed.

District 7

KINGSTON:

The new method of treating fractures of the hip by the Smith-Peterson nail treatment was explained by Dr. Duncan Bou-

cher to those who attended the meeting of the Kingston Chapter, District 7, R.N.A.O., which was held recently at the Kingston General Hospital. Miss Evelyn Freeman, the president, was in the chair. Miss Evelyn Park gave a case history of a patient treated in this new manner. Musical numbers and refreshments were enjoyed after the meeting.

Kingston General Hospital:

The Alumnae Association of the Kingston General Hospital recently entertained the Class of 1940 at a delightful dinner in a colourful setting of spring flowers. Following the dinner, Miss Ann Baillie, superintendent of nurses, introduced Dr. G. W. Mylks, who addressed the graduating class. His topic dealt with early hospital days. An informal dance was held in the evening.

The Alumnae Association recently held a bridge with an excellent attendance. Following the bridge a drawing was made for the lucky ticket on a silver tea service.

Married: Recently, Miss Edria Rathbun (K.G.H., 1934) to Dr. Leigh Greenfield.

Hotel Dieu Hospital:

Sister Murphy, a graduate of the Hotel Dieu Hospital school of nursing, won the Lieutenant George R. Parke Phm. B. Memorial Scholarship for first prize in the pharmacy examinations at the Ontario College of Pharmacy.

District 8

PEMBROKE:

A meeting of District 8, R.N.A.O., was held recently, with Miss Molly Black presiding. The members were welcomed by Rev. R. Fraser and Sister Mary Evangeline, chairman of the Pembroke Chapter. Dr. I. D. Cotnam spoke on the changing trends in nursing at the morning session, and at luncheon the Rev. H. J. Keith gave an address on the peace we aim at. The treatment of mental disorders was the subject of an address by Dr. D. J. McKerracher, director of the Mental Health Clinic, Brockville. Miss Patricia Parisien, psychiatric social worker at the Ontario Hospital, Brockville, spoke on the after-care of the mentally ill, and Miss Margaret LeBas, clinic psychologist of Brockville, spoke on the prevention of mental disorders. A social hour was much enjoyed.

Ottawa Civic Hospital:

Twenty nurses received their graduation pins and diplomas at the graduation exer-

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cises of the school of nursing held recently. Mr. J. J. Lyons presided. Mayor Stanley Lewis brought greetings from the citizens of Ottawa; Dr. C. A. Young conveyed the congratulations of the medical staff, and Dr. Francis Gisborne addressed the gathering. Tea was later served on the lawn, and music was supplied by the Governor-General's Foot Guards band. An enjoyable dance was held in the evening.

The annual dinner, given by the Alumnae Association in honour of the graduating class of 1940, was a very enjoyable event. About 175 members were present. The members of the graduating class were the guests of the Alumnae Association at the May meeting. Following a short business meeting, Mrs. Shepherd, who is home on furlough from Aklavik, gave a very interesting illustrated talk on the Arctic.

The members of the Class of 1930 recently celebrated their tenth anniversary. Amusing reminiscences were given by Miss B. Orlo MacInnes. The class also held a special dinner with 25 members present.

District 9

Gravenhurst:

Seventy nurses attended a recent meeting of the Muskoka Chapter, District 9, R.N.A.O., when Miss Mary Millman, of the School of Nursing of the University of Toronto, spoke on the progress made in nursing education in recent years. She offered useful information on the refresher and post-graduate courses given by the School of Nursing of the University of Toronto. Miss Ripol, who is in charge of a school of nursing in Caracas, Venezuela, gave an interesting talk on her work.

This was considered a very successful meeting due to the excellent speakers and the large attendance.

Miss Irene Lewis and Miss Frances Smith, of North Bay, and Miss Elsie Dunnet, of Gravenhurst, have recently been appointed as stewardesses on the Trans-Canada Air Lines.

North Bay:

At the annual meeting of the North Bay Chapter, District 9, R.N.A.O., held recently at St. Joseph's General Hospital, Miss Gertrude Johnston was returned by acclamation as chairman. Miss E. Trombley was elected vice-chairman and Rev. Sister Melonie, secretary. The guest speaker was Dr. H. H. Washburn, whose talk on the public health aspect of tuberculosis and the problem of the rehabilitation of the cured patient was instructive, and appreciated by the many nurses present.

PRINCE EDWARD ISLAND

CHARLOTTETOWN:

Miss Katharine MacLennan was the guest speaker at a largely attended annual meeting of the Free Dispensary in Charlottetown. In addition to giving a clear picture of the manifold activities of the Provincial Sanatorium (in which she is nursing supervisor) Miss MacLennan presented a comprehensive and interesting summary of modern methods of combatting tuberculosis. The full text of this excellent address appeared in *The Charlottetown Patriot,* thus broadening its educational value.

QUEBEC

MONTREAL:

Montreal General Hospital:

At the annual dinner recently held in honour of the graduating class, 300 members were present. Miss Mary Mathewson, the president of the Alumnae Association, presided, the guest speaker being Miss A. Colquhoun of the Class of 1892. Life memberships in the Alumnae Association and Mutual Benefit Association were presented by Miss Frances Upton to Miss Nora Tedford, through whose efforts the latter was formed, and to Miss Henrietta Dunlop, who was secretary-treasurer for the first fifteen years.

At the graduating exercises 58 nurses received their medals and diplomas. The special prizes for general proficiency were won by Miss F. Janet McDonald in the first division, and Miss Eileen Sherlock in the second division. The Mildred Hope Forbes prizes for the highest aggregate marks in the three years were awarded to Miss Florence M. Miller in the first division, and to Miss Margaret Browne in the second division. Dr. Lorne Montgomery gave the address to the graduating class, and Miss Mabel K. Holt, principal of the school of nursing, spoke briefly.

Miss Ann Thorpe, who has been in charge of Ward E, Men's Medical Ward, for over twelve years has been appointed nursing sister in the R.C.A.M.C., and is in charge of the military hospital at St. Johns, Quebec. On her departure, she was presented with a gold watch and purse from the staffs of the Hospital.

Miss Carrie Hollett (M. G. H., 1936) and Miss Jean Robertson (M. G. H., 1939) have resigned their positions and have left to be married. They were the recipients of

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gifts from Miss Holt and her staff. Miss Clunie (M. G. H., 1939) has joined the staff of the Arvida Hospital, Arvida.

Married: Recently, Miss Margaret McPhee (M. G. H., 1938) to Flight Lieut. Flemming.

Married: Recently, Miss Margaret Parmenter (M. G. H., 1935) to Mr. Hamilton V. DeBury.

Royal Victoria Hospital:

At the annual dinner held recently by the Alumnae Association in honour of the graduating class, the president, Miss Eileen Flanagan, and the members of the board of directors, received the guests. The tables were colourfully decorated with spring flowers. After the toast to the King, the roll was called by Mrs. R. A. Taylor. The toast to 'Our Guests' was proposed by Mrs. F. A. C. Scrimger, and responded to by Miss Helen Craig of the Class of 1940. The guest speaker was Mr. A. W. O'Brien, whose subject was "Covering the Canadian War Story". The prize awards were announced by Miss F. Munroe, followed by the presentation of honourary life memberships to Mrs. M. A. Stanley and Miss Mabel F. Hersey for outstanding service to the Alumnae Association.

At the graduating exercises held recently in the nurses home, fifty-five nurses received their pins and diplomas. Dr. W. W. Chipman presided, and Miss F. Munroe presented the report of the school of nursing. The address to the graduating class was given by Dr. F. Cyril James, principal of McGill University. The diplomas were presented by Mr. W. R. Chenoweth, and the prizes by Lady Meredith. Miss Eleanor Martin, of Saskatoon, and Miss Edith Pratt, of Metapedia, Quebec, were the prize winners for the highest marks attained. Miss Helen Craig, of Osgoode, Ontario, and Miss Wilhelmina Bell, of Guelph, Ontario, were awarded prizes for general proficiency.

Miss Margaret Carruthers (R.V.H.,1935), and Miss Mary Young (R.V.H., 1938) are with the Victorian Order of Nurses in London, Ontario.

School for Graduate Nurses, McGill University:

The annual meeting of the Alumnae Association of the School for Graduate Nurses, McGill University, in conjunction with a dinner in honour of this year's class at the School, was held recently. Miss B. Herman presided over a very enjoyable function at which about ninety members were present. An event of interest was that Miss F. Munroe, superintendent of nurses, Royal Victoria Hospital, was made an honourary member of the Association.

The following officers have been elected to serve during the coming year: President, Miss Inez Welling; vice-president, Miss Agnes Tennant; secretary-treasurer, Miss Elsie Allder; programme convener, Miss Chrissie Campbell; convener of the Flora Madeline Shaw Memorial Fund, Mrs. L. H. Fisher; representatives to *The Canadian Nurse*: Miss F. Lamont (convener), Miss Catherine Anderson, Miss LaVerne Reich, Miss Ethel Grindley; representatives to the Local Council of Women, Miss Margaret Fox, Mrs. J. T. Allen.

QUEBEC:

Jeffery Hale's Hospital:

Miss Norena Mackenzie and Miss Burgess attended the annual meeting of the A.R.N. P.Q. held recently in Montreal.

Miss Beattie, of Alberta, and Miss Crossman, of New Brunswick, who recently completed the course in administration at the School for Graduate Nurses, McGill University, were in residence at Jeffery Hale's Hospital during the last two weeks of May, for observation purposes.

Miss Ascah resigned recently from the staff and a novelty shower was given in her honour; she has been replaced by Miss Maurine Green (J.H.H., 1939). Miss Isabel Hazel Black has resigned from the staff to take a course in X-ray technique at the Royal Victoria Hospital, Montreal. At a delightful bridge party, Miss Black was presented with a week-end case. Her position has been filled by Miss M. Belyea (J.H.H., 1938).

SASKATCHEWAN

SASKATOON:

The Saskatoon Registered Nurses Association recently held its last meeting before the summer months at St. Paul's Hospital, with Miss Jean Whiteford presiding. The graduating class of St. Paul's Hospital were guests of the Association. An interesting report of the convention of the Saskatchewan Registered Nurses Association was presented by Miss Marguerite Urton. Miss Helen Fast gave a comprehensive outline of the Youth Congress which she recently attended, and the treasurer, Miss Margaret Grant, presented a gratifying re-

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Nicholls Hospital,
Peterborough, Ontario.

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A qualified Instructress of Nurses. Please state salary expected. Duties to commence September 1, 1940. Applications should be addressed to:

SISTER SUPERINTENDENT
St. Joseph's Hospital,
Saint John, New Brunswick.

WANTED

Applications are invited for the position of Instructress of Nurses at the Sherbrooke Hospital. Apply, stating qualifications, age, and salary expected, to:

SUPERINTENDENT OF NURSES
Sherbrooke Hospital,
Sherbrooke, Quebec.

port on the proceeds of the tea held recently, under the convenership of Misses Ethel Wyatt and Elizabeth Waddington. Donations, which were received, enabled the Association to purchase three pairs of blankets for the Red Cross. A committee was appointed to promote the sale of stamps for War Savings Certificates.

Saskatoon City Hospital:

Mrs. Porteous (S. C. H., 1936) has completed a post-graduate course in teaching and supervision at McGill University. Miss Jean MacKay (S. C. H., 1937) has completed a post-graduate course in public health nursing at the School of Nursing of the University of Toronto. Miss M. Raymond (S. C. H., 1938) has accepted a position at the Columbia Hospital, Rochester, U.S.A. Miss J. Brown (S. C. H., 1938) is taking a post-graduate course in operating room technique at the Graduate Hospital, University of Pennsylvania, Philadelphia. Miss L. Armstrong (S. C. H., 1936) is taking a post-graduate course in operating room technique at the Vancouver General Hospital.

Miss M. Chisholm and Miss E. Polowy were delegates from the Saskatoon City Hospital Alumnae Association to the convention of the Saskatchewan Registered Nurses Association which was held recently.

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Wound infection, probably the largest single cause of death among wounded men reaching hospital in the last war, can be combated more successfully than ever before. Most wounded men who escape the worst effects of lethal weapons, and receive early attention, can be expected to survive their injuries. These statements are made by the Medical Research Council in its report for last year.

The main reason for the belief that the back of the enormous problem of bacterial infection of wounds had been broken before the war began is the confident expectation that the sulfanilamide group of compounds will prove as successful in septic wounds as it has in puerperal sepsis and septicemia.

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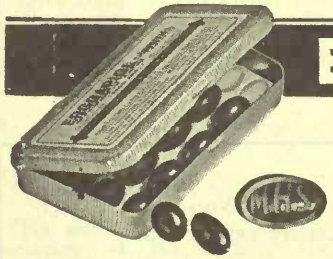
It is also possible that the compounds may be found to have preventive effects if administered immediately after injury. Arrangements have been made with the Army Medical Service to investigate this preventive aspect.

"The destructive power of arms," says the report, "will indeed have increased immensely since 1918 if it over-shadows the advances of knowledge for the saving of life which modern discovery has placed at the disposal of medical men. If a strict comparison were made between what science has done to increase war mortality and what medical science has done to lessen these lethal effects, there is good reason to believe that the latter would be an easy winner."



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Registered Nurses Association of British Columbia

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Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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MANITOBA

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NEW BRUNSWICK

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ONTARIO

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A.A., Brockville General Hospital, Brockville

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A.A., St. Joseph's Hospital, Hamilton

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NUMBER 8

AUGUST
1940

THE CANADIAN NURSE

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School of Nursing University of Ottawa

● Lawn Party at the Provincial Sanatorium

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AUGUST, 1940

The Time and Place of Meeting

All night long the great engine had pulled the heavy westbound train upgrade, and at dawn we were into the foothills. All along the western horizon, sharply outlined against the sky, was the towering rampart of the Canadian Rockies—purple, rose, and silver in the first rays of the rising sun. The West was clad in green this year, and once more there was blue water in the prairie sloughs. The young wheat stood in serried rows, the cattle and horses on the ranges looked sturdy and strong. For nine long years of pitiless drouth the people of the West have said: "Next year there will be a crop". In faith and hope they trust that this year, of all others, seedtime and harvest may not fail.

In Calgary the altitude is nearly 3500 feet and this, combined with a typical Alberta welcome, has an exhilarating effect upon those who come from sea level and from the prairies. Even the more conservative inhabitants of Ontario and Quebec lose a few of their inhibitions and catch something of the spirit of the West.

The president of the Alberta Association of Registered Nurses, Miss Rae Chittick, has already told us in the pages of the *Journal* that long before the white man came, the Indians chose the "swift running water" at Calgary as a place of happy meeting—"good for the making of bows and arrows and for the transaction of business affairs". And so, indeed, it proved to be; although, because the sessions were held in the shadow of the capitulation of France, there was a deep and sorrowful realization of the peril in which our British Commonwealth of Nations stands.

Nevertheless, the Canadian Nurses Association went about its work with calmness and courage, and rose to the level of its great destiny as never before. There had been quite justifiable

doubt about the wisdom of holding the biennial meeting at all, but as soon as the sessions got under way it vanished like a mountain mist. The Provinces spoke freely with one another—British Columbia and Ontario, Quebec and Alberta, Manitoba and Nova Scotia, Prince Edward Island and Saskatchewan. Regional differences of opinion were ironed out, new ideas were exchanged as from sea to sea, over the mountains and the prairies, Canadian nurses took counsel together.

Our national President, Miss Grace M. Fairley, struck the dominant chord in her opening address when she told us that the duty of the Canadian Nurses Association is both to accept and to give strong leadership. Of Miss Fairley herself it may truly be said that she set an excellent example of the firmness, tact, charm, and humour with which such leadership should be tempered if it is to prevail.

The Honourary Secretary (on the left) confers with the Second Vice-President and the President.

The high standard of discussion set in previous years was well maintained. The various points at issue were clearly formulated and debate, especially from the floor of the house, was both lively and good tempered. Six out of the nine presidents of Provincial Associations were present for the first time in that responsible capacity at a national biennial meeting. All of them made a notable contribution, as did the veterans from Saskatchewan and Nova Scotia. Five provincial registrars were in attendance and were much in demand particularly when precise information was required.

This meeting, like all others of its kind, was coloured and permeated by the spirit of the place in which it was held. The nurses of Alberta, and especially those who live and work in Calgary, left nothing undone which would add to the comfort and happiness of their guests. At the first evening session, a hearty welcome was extended on behalf of the Province of Alberta by Dr. G. F. McNally and Dr. Malcolm Bow. The Alberta Medical Association was ably represented by Dr. George Johnson and Dr. J. M. McEachern; and His Worship, the Mayor (Mr. Andrew Davison) gave us the freedom of the city of Calgary. It was satisfying to note that all these gentlemen showed a deep understanding of what nursing service means in times like these. They did us the honour of speaking to us as responsible and useful members of the community, and there was a refreshing absence of the usual flattering platitudes.

The same note was struck by Mrs. Rex Eaton during the course of her

masterly address, entitled "The lay woman looks in", the full text of which will appear in the next issue of the *Journal*. Mrs. Eaton is one of many outstanding women who have been touched and stimulated by close contact with nurses working in the hospital field. There was no tinge of patronage in her commonsense approach, and she did not make the mistake of assuming a professional knowledge which no lay woman can possess. On the other hand, she knows more about some of our problems than we do ourselves as you will see when you read your September *Journal*.

The ceremony of the award of the Mary Agnes Snively Memorial Medal took place during this session, and Miss Fairley gave a vivid word picture of Miss Snively as a woman. The medal awarded to Miss Kathleen Russell was accepted in her absence by Miss Jean E. Browne. A religious Sister, who is a member of the Community of the Hotel-Dieu of St. Joseph of Montreal, represented the Reverend Mother Allard, and received the medal in her name. The medal was also awarded to Ethel Johns.

On the following morning, the National Committee on Education went into action when Marion Lindeburgh presented the Supplement to the Proposed Curriculum. This Supplement deals specifically with the improvement on nursing education in the clinical field, and will be dealt with at length in the September issue. Mention should be made of the genuine enthusiasm and profound gratitude which marked the acceptance of this valuable and timely addition to the splendid achievement already attained by Miss Lindeburgh. She was accorded a standing vote of thanks, and must have been touched by the sincere and spontaneous response to her unselfish and untiring efforts on behalf of nursing education in Canada.

The President of the Alberta Association of Registered Nurses.

The discussion of the Supplement was shared by Margaret Kerr, chairman of the Public Health Section; Margaret Teulon, chairman of the Private Duty Section; and Agnes Macleod, chairman of the Nursing Education Section. Stimulating comments were made by Gertrude Hall, and Helen Peters drew all the threads together in an expert summary. The outstanding feature of this session was that it demonstrated the usefulness and competence of the National Committee on Education. The contributions made by representatives of all branches of nursing practice dovetailed into one another admirably. Here was proof that the direction of the education of nurses is not the exclusive prerogative of a single group but must be shared by the leaders in every field of nursing practice.

The afternoon was devoted to the discussion of a number of important reports the text of which will be included

in the September issue. The usual dinner session took place in the evening at which Dr. A. Vibert Douglas, Dean of Women at Queen's University, was the speaker. The significance of her "threefold challenge" touched the heart and fired the imagination of everyone who heard it. The charm and humour of this discourse served as an admirable foil to its erudition and profound understanding of human values. The breathless attention with which the large audience followed this masterly address was in itself profoundly moving. Needless to say, the full text will appear next month.

At every Biennial Meeting there is always one session which, either by accident or design, transcends all others. This came on Thursday afternoon when the nature of our contribution to Canada's National War effort was decided upon. The very air was electric, and the quietness and restraint of the audience lent dignity to the proceedings. Five hundred and thirty-three registered delegates were present, and the voting provincial representatives occupied the front seats. The action taken can best be described by quoting from the recommendations which were unanimously adopted:

1. *A Statement of Loyalty and Proffered Service*:

That a letter be sent from this Meeting to the Prime Minister of Canada reiterating our pledge of loyalty and service as contained in the letter addressed to him by our President on December 7, 1939, expressing our realization of the great need at this time and stating that we, as an organization, stand ready to respond to any call for home or overseas defence, for health or nursing service in connection with refugees, or in any other need that may arise.

2. *A gift to the Government of Canada*:

That the Canadian Nurses Association shall present to the Government of Canada three Surgical Units, at a total cost of $4500. (A surgical unit consists of an operating table, instruments and sterilizer for mobile use in the field).

3. *Investment in War Bonds*:

That all surplus funds of the Canadian Nurses Association be invested in War Bonds.

Measures were also taken in connection with nursing service as related to Air Raid Precautions, Civilian Protection, and Home Defence.

The round table conducted by Kathleen W. Ellis dealing with the question of the eight-hour day for nurses proved to be exceptionally stimulating and in-

Sisters of the Hotel-Dieu, Montreal, who received the Snively Medal on behalf of Rev. Mother Allard.

teresting. The proceedings will be fully reported upon in a later issue, but immediate mention should be made of the conviction expressed by many who contributed to the discussion that even in these days of stress and strain the consideration of reasonable hours ought not to be shelved. Dr. Andrew F. Anderson was present in his official capacity as representative of the Canadian Hospital Council and made a forceful appeal for a commonsense approach to the whole question. His words carried great weight because, thanks to his unwavering support, an eight-hour day for student nurses was put into operation in 1938 in the Royal Alexandra Hospital, Edmonton—a progressive institution of which Dr. Anderson is himself the very efficient Medical Superintendent. The nurses of Alberta look upon Dr. Anderson as being genuinely interested in the welfare and the activities of the nursing profession, and yet another reason for their pride in him is that he is an enthusiastic curler, and is president of the Dominion Curling Association.

In spite of the war, the work of the Nightingale Memorial Committee of the Canadian Nurses Association continues to receive sympathy and support and an address prepared by Bianca Beyer, one of Canada's "Old Internationals", told of the happy year she spent at Bedford College and International House. This vivid story of how the nurses of many countries worked and played together took on an added poignancy when it was followed by a beautiful and richly coloured moving picture, made and presented by Miss Claribel McCorquodale, also an "Old International". As one familiar British or European landmark succeeded another, one wondered whether already it might not be laid waste. But at the very end, we were shown the glory of the Canadian autumn forests, blazing in scarlet and gold, against a deep blue sky. The memory of that landscape remains with us as a sign that peace and beauty have not vanished from the earth.

Members of the Nursing Staff of Grace Hospital, Winnipeg.

The next morning was devoted to the presentation of reports from the nine Provincial Associations of Registered Nurses, summaries of which will be published in due course as will the reports of the activities of the three National Sections. In the afternoon it seemed natural to revert to the consideration of "nurses and nursing at home and abroad in time of war." Excellent addresses were delivered by Miss F. C. Munroe and Miss Edna Moore both of whom served overseas during the last war. Actual experience of military nursing, as well as their outstanding achievement as leaders in the hospital and the public health field, qualifies both

women to offer the leadership which is so necessary at this critical juncture. Already we are obliged to cope with certain emergencies which they predicted would soon be upon us. For this reason, both these addresses are published in this issue of the *Journal* and deserve most careful attention. The content of these addresses was ably commented upon by Miss Mary McCuaig and Miss J. A. Connal.

To those who read this narrative, we have tried to convey something of the atmosphere in which all these important sessions were held. There is, however, another line of communication so direct and so vibrant that it pierces the mind like an arrow. At a luncheon meeting held under the auspices of the Public Health Section, an address was made by Dr. E. P. Scarlett. Turn to it and read it now. It will give you our Watchword for the ordeal through which each and every one of us must pass—"Till the barrage lifts".

—E. J.

"Till the Barrage Lifts!"

E. P. Scarlett, M.D.

My first task must be to add my voice to the welcome which you have received in Calgary. The city of Calgary was named by Colonel Macleod after his home place in the Hebrides. Our city is not as misty nor as rainy as its original and its scenery has not the solemn grandeur of Mull or Skye, but its spirit as reflected in its history and the record of its citizens, has something of that which animated the noble breed which came from "the lone shieling of the misty island". And Calgary hospitality has tried not to fall short of its great example—the hospitality of the Scots Highlanders. I know that such hospitality has been your lot during your stay here.

Of course some of you may have some reservations with regard to Alberta. I am sure that you have come here with a sense of curiosity—what sort of place this is and what strange breed of people inhabit these parts. To you it is a land of strange peoples, and a province which cannot help gravitating to the front-page headlines. A friend of mine in Ontario once told me that when an Albertan looked him up and down he was sure that he was wondering how his (the Easterner's) hide would look stretched on a fence. To British Columbians, we are "the prairie people"; to Maritimers, a rash people who live away out beyond the West.

I must leave you to make up your minds for yourself. Let me remind you, however, that Alberta is no longer the Old West. In spite of Stampede talk, that era closed with the death of the famous Bob Edwards, of 'The Eye Opener' fame. This modern Alberta is a province of amazing contrasts in people and scenery; vigorous but rather

confused at times; above all else, incalculable. There was a time, in the earlier days of the oil field development, when we were like the Israelites of old. On a day when the Chinook blew under its dome of cloud across the Western sky, and at night when the great reflected glow of the oil-field flares flamed in the southern sky, we literally had a pillar of cloud by day and a pillar of fire by night. But unlike the Israelites we have never reached the Promised Land. While it lasted, however, it was a symbol and a sign—and the end of the story has not yet been written.

Now to get on with what I have to say to you. First of all, concerning nursing and your association. I propose to say very little about your problems of nursing organization because I lack the qualifications and knowledge and it is properly for you to speak on such matters. I will say this—quite sincerely—that my own profession has not been as helpful to you in your problems as it might have been. I never cease to marvel at the long-suffering and moderation of nurses—individually and collectively. You don't make nearly enough of a row about some matters. That is the only way to get medical men to listen. For, after all, they are men and you as nurses ought to know what men are. I have always felt that it is one of the assets of your education. Someone once said of Talleyrand: "If that man is not a villain, then the Almighty does not write with a legible hand". You have a unique opportunity to get the closest kind of a view of the Almighty's writing in both men and women. You should, as a result, know what to do with men. Apply it then in the way you approach the medical profession.

Of course when you come to think of it, the relation between our two professions, between doctors and nurses, is really an amazing one. An Irishman once said in referring to certain people that they fought bitter and regular, like man and wife. Well, we nurses and doctors have got beyond that stage of married life. And we have done it under the influence of the traditions of medicine and loyalty to its way of life. And you know that medicine is an extraordinarily difficult thing for the outsider to understand. It does not wear its heart on its sleeve. It is a bundle of paradoxes. It is most terribly stupid at times, and yet it goes on serving reason in its laboratories. It has many sacred things which it loves to make light of. Service in its ranks is an honourable bondage. It has produced the mutual respect which exists between doctor and nurse.

I do not think that it is too presumptuous if I remind you that the assets of a nurse's education and the qualities which such training instils are those qualities most badly needed in the world at the present moment. Added to the resources which you have as women and which are denied to men, these are a shrewd sense of reality and the practical; a sense of the value and virtue of work; a sense of discipline, and with it courage; a sense of humour (invaluable asset), ability to suffer fools gladly; initiative and adaptability—the warrants-royal of the practical nurse. And finally nursing has built for each of you an arch of idealism. I have always felt that a nurse's training (and for that matter the same is true of medical training) will make a young woman either an idealist or just a calculating rather cynical machine. It is such idealism and the loyalties grounded in experience that we need today.

That leads me to the other matter about which I wish to speak—the time and the crisis of the moment. There is

really only one thought in our minds these days, and that is the great struggle in which we as a nation are engaged. I almost feel like apologizing for talking of anything else. I shall be brief in what I have to say in this connection, for this is no time for talk. I often think that in the past we have been betrayed by words as much as our enemies. In a democracy we are apt to go on thinking and talking and doing very little. The danger is that we shall keep on doing so. However we may have talked, time and events have made many things clear—nakedly clear—we are fighting for our existence. At the same time we are fighting for something far more important that our lives—we are fighting to save civilization and its values, values which lie at the heart of medical art and practice—respect for the individual, humanity, regard for intellectual integrity In our fight for self-preservation we are also fighting for a whole way of life, for decency and for fair play. This is the moral imperative and our dynamic in the struggle.

The dreadful spectacle which confronts us is the result of the gradual disintegration over years of the stern virtues which sustain civilized life. You will be interested I think in this prophecy made by the great German poet and writer, Heinrich Heine, more than a century ago:

By these doctrines (Kant's Kritik; Fichte's Transcendental—idealismus and Naturphilosophie) revolutionary forces have been fostered; they only await the appointed day to burst forth and fill the world with horror and admiration. Disciples will appear who will renounce piety even in actual life, and who will harrow the ground of our European life with the sword and axe in order to tear up the very last roots of the past. The 'Naturphilosophen' will take an active part in the German revolution because they identify themselves with their work of destruction. The 'Naturphilosop' allies himself with the elemental forces of Nature because he exalts the demonic powers of old Germanic pantheism which then will awaken in him the lust to fight for which the ancient Germans are renowned, a lust which does not fight to annihilate nor to gain victory, but merely for the sake of fighting. Christianity has to a certain extent mitigated this brutal Germanic lust, but it has not succeeded in destroying it. If one day the restraining talisman—the Cross—collapses, then once again the fierce spirit of the ancient warriors will break forth, the senseless berserk frenzy, found so often in the songs of the Northern poets, will flood the world. The power of that Talisman is waning, and the sorrowful day of its pitiful collapse will come. Then the former gods of stone will rise from the mire and shake off the dust of a thousand years. Thor will soar up again with his gigantic hammer and dash to pieces the Gothic cathedrals. Do not smile at the visionary who expects the same revolution in the realm of reality that has already taken place in the realm of the spirit. Thought precedes deed as lightning precedes thunder. German thunder, of course is very German; it approaches slowly but implacably. But come it will. And if one day you hear a thunderbolt such as has never before been heard in the history of the world, then remember: German thunder has reached its goal at last. At this sound, eagles will drop down dead from the air, and in the farthest deserts of Africa lions will tremble and hide in their kingly dens. A play will be performed in Germany beside which the French Revolution will pale into an insignificant idyll.

This catastrophe so dramatically described by Heine is upon us. Hitler's Germany symbolizes the ills and grievances of Europe and the destructive force which has been fashioned from them Man is what he eats and the hun-

gers of Pan-Germanism today, as for seventy years, are not of the pure spirit. As one writer has put it, all the bitterness of German post-war history has worked on an empty national stomach to turn a romantic national head. And the result is Germany, the incarnation of envy and revenge—the most ruthless and cunning enemy that history has produced. Standing behind Germany is the sinister figure of Mussolini, as someone said recently, "clad in shining blackmail".

The struggle is going to call upon all the resources of our race. There are no longer any neutrals. It was Hitler's invasion of the Low Countries which shook England into action. And now the collapse of France has planted us solidly as a nation in the new realistic world of the hard facts of war. There is no time now for playing chess in a room whose foundations are partly mined. Canada must now be more than a weather-vane in a European wind. It seems likely that we shall be subjected to greater pressure than at any time in our history. So many things are now possible. We may find ourselves having to compress the thinking of a whole generation into the space of a few months—and that calls for leadership and for character.

Whatever may come, determination is our supreme need—the will to victory. Until that end is attained there is nothing to plan for, nothing to think of, nothing else to dissipate our energy and resolve. The forces of evil must be met and defeated. In the dark times which may be ahead we can remember that the Scots Covenanters, when faced with misfortune, threw their challenge to the world by proudly proclaiming, "We were concentrated by being crushed". It is at this time that the courage and discipline of nurses can make such a great contribution. Like the Happy Warrior, your training has taught you to go in company with pain and fear and bloodshed—a strange privilege. It is now your part as nurses to give harassed people confidence, to supplement by some mystical spiritual reinforcement which their bodies claim from science, that invincible courage which is the most miraculous attribute of human nature. It is at times like these that the small sphere of scientific medicine soon ends and the larger, age-old healing ministry of medicine in its highest form begins.

I think that we know what is demanded of us in Canada and that our resolution will be equal to the task. We will give a good account of ourselves There is the story of a traveler who asked a peasant in the fields how far it was to Carcassonne. The peasant replied: "How far is it to Carcassonne, sir, that I do not know. But that this is the road to Carcassonne, of that I am sure; for those who return say always that at the end lies Carcassonne". Carcassonne is the land of our desire. We do not know what exactly it will be like but we do know the road we must travel if ever we are to reach it.

In conclusion I should like to give you as a motto for the time the words of a toast which in its poignant simplicity is one of the finest things in our British heritage. It will strike a chord particularly in the minds of those of you who remember the ramparts of Ypres, the old square in Arras, and the cathedral at Amiens, and must be troubled when you think of these places in the hour of their second desolation. The toast was first given when the officers of the 9th K.O.Y.L.I. assembled before marching into the Somme battle on July 1, 1916. The words are—'Till the barrage lifts!'

Military Nursing Service

Fanny C. Munroe

In discussing this subject I am going to do so very briefly. Not that I think it unimportant—quite the contrary, but I feel that more of value may come out of the general discussion than out of one person's ideas. We know so little about the casualties, the type, number, or plans for care, that it is difficult to make specific suggestions. Ex-Nursing Sisters have largely forgotten their difficulties, remembering only what was worth while. Prospective nursing sisters are enthusiastic, eager, and aware of the dangers ahead.

Certain valuable conclusions can be arrived at from previous experience. The first record of trained female nurses on active service in Canada appeared during the suppression of the North West rebellion. On May 6, 1885, Miss Millar, a head nurse at the Winnipeg General Hospital, received orders to proceed to the front by way of the Moose Jaw trail. She arrived at Saskatoon on May 12, and immediately took charge of the wounded. Two weeks later, she was joined by four other nurses, and four Sisters of the Order of St. John the Divine. On June 26 of the same year all patients were evacuated and the nurses left for their homes. That was a short campaign, but probably arduous and uncomfortable as there were few conveniences in those days. But on the whole it was safe.

The first intimation of a definite nursing service appears in June 1899, when in General Militia Orders, it was stated that the creation of a Canadian Army Nursing Service was in contemplation and would be organized forthwith. This was during the Boer War. In November 1899, four Canadian nurses proceeded to South Africa with the First Canadian Contingent; these were Miss Pope, Miss Forbes, Miss Russell, and Miss Affleck who were attached to an Imperial hospital. On January 8, 1900, another order authorized the selection of four volunteers for similar duty and, on January 20, a further order set forth that these nurses were to be accredited as lieutenants with the pay and allowance of that rank. One of these latter, Miss Margaret Macdonald, became the Matron-in-Chief in the Great War. On the return of these nurses in 1901, the Director General of Medical Services recommended that the nucleus of a nursing service be inaugurated with the Militia. This was done and the nursing service became a part of the Army Medical Corps; we forget sometimes that the Military Nursing Service is a part of the Army Medical Corps. In 1906, Nursing Sisters Pope and Macdonald were appointed to the permanent corps and posted for duty at Halifax.

When the war broke out in August, 1914, the permanent nursing service contained only five—a matron and two sisters in Halifax, one in Quebec, and one in Kingston. The entire service was administered by the Director General of Medical Services. On August 17, 1914, Matron Macdonald took over the duties of the nursing department in Ottawa, and offers of service came from thousands of nurses and other women in Canada and the United States. On September 16, 1914, orders to mobilize the nursing sisters were received and those selected were ordered to report at Quebec on September 23.

Casualties were heavy from the outbreak of the war, hence the early mobilization of nurses.

On September 29, Matrons Macdonald and Ridley, with 99 nursing sisters, embarked on the Franconia and upon arrival in England, Matron Macdonald was granted the relative rank of Major. The arrival of these sisters was important as is evidenced by the fact that they were met at Plymouth by Sir Edward Ward, Director of Voluntary Service, who brought on board an invitation from the Governors of St. Thomas's Hospital, London, for them to be the guests of that institution. The privilege was accepted, Waterloo Station was reached at midnight, the secretary of the Hospital met them at the train and conveyed the party to the Nightingale Home, where they were made welcome by Dame Alicia Lloyd Still, then Matron of St. Thomas's.

The voluntary supply of nurses was at all times in excess of the need, or I should say in excess of the number allowed. By August, 1917, a definite establishment of 2003 nurses with 27 matrons and a reserve of 203 had been authorized. An additional three hundred served with the English services, and on transfer to France they all came under the control of the Matron-in-Chief of the British Army in the field. Of the Canadian nursing sisters, six were killed or died of wounds, six were wounded, fifteen were drowned by enemy action at sea, and eighteen died of disease while serving. Three hundred and twenty-eight were decorated, and one hundred and sixty-nine mentioned in despatches.

One hears occasionally that those who remained at home had a harder time than those overseas. Perhaps they did, but it was a different kind of hard time. I wonder if you remember what Miss Clint says in 'Our Bit' about the hardships in the East? At Mudros, where some of the sisters went early, there were no sanitary arrangements, the water supply was precarious and depended on one borrowed cart. Stores were kept on a ship only accessible in fine weather, food was scarce and unsuitable. The Sisters were sick and the hospital crowded with men demanding their attention. Of the entire personnel, it is reported that 95 percent developed an acute enteritis. By September, there were six hundred cases in the ward, and the water supply was failing. With autumn came heavy rains, and the floods poured into the tents. In November, due to the absence of vegetables and fresh fruits, scurvy began to appear. Then came cold and snow and bad cases of frost-bite, and the hospital had still further to expand. That was one type of situation in which the sisters found themselves. We hope such a situation will not arise again.

In 1918, the Canadian Army Medical personnel (of which the sisters were a part) was slightly over six percent of all ranks; in the American Army it was fourteen percent. In the spring of 1917, a percentage of 11.6 was considered a just estimate for the Canadian Army Medical Corps, but that percentage was never reached in active practice. Operating surgeons are said to have worked for 72 hours without a rest. Base hospitals, organized to care for 500 patients, were forced to take in 1000 and some expanded to take in 2100. Surgical teams for the clearing stations were taken from the base hospitals and of course the base hospitals needed them badly at the same time. You can imagine what all this meant to the sisters. The one thing, Sir Andrew MacPhail says, that saved the medical department from collapse was the spirit of the personnel at the front, and at the rear. How often is that true

at home—especially of the nursing staff.

What do the nursing sisters do? They work in clearing stations and the stationary hospitals, the base hospitals, the convalescent hospitals, and on ambulance trains and hospital ships. The surgical teams consisted of a surgeon, an anaesthetist, a sister and an orderly. Often, as many as twelve teams operated in one casualty clearing station. In the stationary and base hospitals, the establishment was 80 sisters for 1200 beds, or 50 for 600 beds. This allowance has not been increased.

The ambulance trains consisted of an isolation ward, sleeping quarters for the staff, a kitchen and stores, a car for offices, an operating room and dispensary, five cars for sitting patients and four for stretcher cases. Four hundred patients could be loaded in twenty-five minutes, and they were handled as a hospital unit with the staff remaining on duty for the whole trip—two or three medical officers, four sisters and the subordinate personnel.

The medical service is a most complicated part of the Army, in that it operates from the front line to the remotest base, and follows the soldier into civil life again. Many illnesses of later life have been traced to war disability. The Military Staff in war must provide the essentials, and the medical service (including nurses) employ these essentials until such time as the soldier is demobilized. They can recommend for the future, but unless civilian authorities continue to produce the necessary funds, the Army medical care may have been for nothing. I mention this so that, as an Association, we may realize our responsibility.

Much was learned from the last war in regard to prevention. During the first year, "trench feet" were a source of great distress. During the second year, as it was found to be preventable, it was considered a crime to allow it to develop. In this war, there are no puttees and we are told that greater care is to be taken in regard to the length of time spent in wet trenches. In the last war, deliberately contracted disease, self-inflicted wounds, complaints of deafness and blindness, entered into the picture. The value of giving antitetanic serum and anti-gas serum to all wounded was definitely established. Much was learned about the care of fractures. In this war, better emergency treatment for mustard gas has been introduced; gas masks are better. Undoubtedly the food is better, living conditions in barracks better. In Finland, they tell us there was less sepsis in the wounds, whether due to the intense cold or to the healthy condition of the men, or to the administration of sulfanilamide, or a combination of all three, is not known.

From what we read, this war is more brutal than any one could have imagined in a presumably civilized world. Specialized surgery will probably be much increased—head, face, chest, and so on. Already more eye injuries are reported, and undoubtedly there will be a demand for a large number of nurses who are expert in specialized branches of surgery. Skill and care in dressings will be essential, because much of this work will be left to the sisters. A knowledge of the modern care of pneumonia and of the treatment of burns is equally important. In fact, a knowledge of all that is up-to-date in nursing is indispensable.

Preparation should then be professional, moral, mental. A greater physical courage is needed, as no one will be safe, and everyone must be willing and able to work, although afraid. Skill and speed, developed through an experience of hard work will be essential—a prep-

aration almost all nurses have had, and ability to hold steady in a new and difficult situation, and judgment such that you see the important thing in each new problem. A good working atmosphere must be promoted and therefore it must be recognized that there is no one best way of doing things; that no one hospital is better than all others; that no one school is superior; that no city or province can claim superiority over another. Thinking nationally and not locally, will bring a willingness to admit that new ways can be good. It must also be realized that the desired ends can be accomplished without all the frills of modern nursing technique; that you must use what is at hand and get on with the job; that the wounded have grief of their own and do not want to hear your particular tale of woe and overwork, and that any tendency to hysteria and self-pity must be controlled. There must be a realization that what the wounded expect of you is to nurse them, and to restore their faith in things that are good, and that each must be loyal, sincere, and disciplined.

The sisters who went to the last war had no special preparation for the work —yet they did a good job. There were individuals who thought more about a good time than about the work, but their work was done by others, so the job remained a good one. If the sisters who serve this time have the same moral and professional stamina, the traditions already established will be maintained. And for those of us who remain at home let us try by all means to avoid complaining. There will be much that is worth while to do—necessary and useful, if not spectacular. There will be much to safeguard in our own profession, much for the future that will require careful and intelligent thought and planning. Although we may assure ourselves that "it can't happen here", we must recognize the possibility that all of us may be called upon for active military nursing service in Canada. Our National Association has a membership of over 16,000 nurses, and should now take a strong stand in directing our own destiny as a profession.

REFERENCE

The historical data used in this address is quoted from the volume on "Medical Services", by Sir Andrew MacPhail, which forms a part of "The Official History of the Canadian Forces in the Great War".

Marching Orders

EDNA L. MOORE

A number of years ago Miss Adelaide Nutting said in an address to the American Nurses Association: "Nurses are on trial before the world and are being tested, not for their zeal and devotion, but for their judgment, good sense, and knowledge of their own affairs". If any one privileged to attend this convention came with the slightest doubt as to the quality and degree of leadership given by our National Association in the study and management of nursing affairs, such doubt has been replaced with firm and grateful confidence. Evidence of a wider recognition of this leadership is shown in the

acceptance by the Royal Commission on Dominion-Provincial Relations of a brief, prepared by the Canadian Nurses Association, and by the action of the Department of National Defence in placing in its regulations relating to the qualifications of nursing personnel, the requirement of a recognized standard (registration) as evidence of a nursing service and educational standard.

Our Association, through its committees and provincial units, has studied community organization methods for the improvement of nursing service with respect to quality, suitability for, and availability to those needing it. It has considered ways and means for placement; directed the preparation of the Proposed Curriculum and its Supplement, and offers leadership in their application. Other factors receiving attention include: safeguarding the health of the undergraduate and graduate nurse; encouragement to University schools of nursing in giving regular courses and refresher courses; the formulation of desirable qualifications for admission to professional schools, thus reaching out to the prospective nurse; provision for leisure time, and encouragement of extra-curricular activities. This threefold development has been constantly in the minds of our leaders, and the spirit of nursing has been kept before us through convention programs, and in the pages of our *Journal*—without this spirit, all efforts to serve are at best mediocre.

In our modern society, nursing service is recognized as an individual, family, and community need. To meet these needs the nursing profession has come into being and, through its various organizations, provides channels for corporate thought and action in the interest of high standards of service. Someone has said: "Efficient progress toward the ultimate ideal can only be achieved through a series of immediate objectives, modified progressively in the light of changing conditions". How may we, the nurses of Canada, not only safeguard the standards we have attained but, under changing conditions, continue to progress toward our ultimate ideal?

A state of war affects nursing both directly and indirectly. The personnel of the Royal Canadian Army Medical Corps includes Nursing Sisters, who are registered nurses and who, on enlistment, leave the ranks of civil nursing. The enlisted nurses come from all branches of the profession but in the main from the younger age group, and many of them are highly trained. While usually content to leave nursing to nurses, the public generally and women in particular, are likely to become alarmed about nursing service in time of war. Then, too, many people consider nursing to be a woman's natural vocation. A number of schools of nursing admitted an increased number of students last September in view of war conditions. The directors of schools of nursing, the superintendents of hospitals, the boards of directors, should have the support of organized nursing and individual nurses in following a course of action that will maintain standards of nursing education and service while having regard for the ultimate ideals of our Association.

While many young women may become interested in nursing because of its place in war service, it is equally probable that many who might have chosen nursing as their profession may seek some more immediate means through which to offer their services. Consequently, it would seem important at this time to present nursing as a profession to secondary schools and college groups; and, once more, our Association has placed the tool in our

hands by making a pamphlet of information available for wide distribution. It is also desirable to increase the award of scholarships in order to make it possible for graduate nurses to undertake advanced study in teaching, administration, and public health. The greatest care should be taken in the selection of those who receive such assistance and encouragement. A well-adjusted individual with a pleasing personality offers an investment many times more valuable than one who is lacking in these qualities although possessing equally good academic standing.

A study recently reported upon in Ontario, concerning the distribution of nursing service to the non-hospitalized sick in that Province, shows that on a given day less than one-half of the patients for whom professional nursing care was said by the attending physician to be needed were receiving it. Several physicians stated that lack of sufficient funds was the reason for the situation. The patients needing but not receiving professional nursing care apparently were being looked after by members of the family or neighbours, although a significant number of practical nurses were employed.

The need of preparation and direction of the auxiliary worker, or the so-called practical nurse, is receiving attention in other countries and it may be expected that war conditions will bring the question quickly to the fore in Canada. Already, women who are distressed lest there be too few nurses to provide for maternity and other nursing services are urging that short courses in nursing be established to supply the need which they believe will shortly become a serious one. The problem merits the best thought of all Canadian nurses through the medium of our professional organizations, and when plans for action are launched they must have the support of every nurse. Let us resolve not to waste time and effort in the discussion of trifles. Waste of time, effort, or substance is nigh to treason.

Our *Journal* has put this matter before us clearly. We know that New Zealand nurses have secured legislation which places responsibility for the training and direction of subsidiary workers in the hands of the professional group. In New York State, legislative provision has been made for the licensure and control of all who nurse the sick for hire either as professional or practical nurses. A course of training has been developed which includes experience in convalescent hospitals and hospitals for incurables.

The Registered Nurses Association of Ontario has presented to the Provincial Government a resolution requesting that a course of training for "practical" nurses be established, and that they be licensed upon the attainment of the required standard. In my opinion, the committee on the reorganization and formation of Registries of the R.N.A.O. has made a notable contribution to the advancement of community nursing service. Their report, adopted at the annual meeting in March 1940, includes a suggested course of preparation for the subsidiary or auxiliary worker as well as a proposed constitution and by-laws for registries which would offer the services of professional nurses, auxiliary workers, and probably housekeepers.

At this point I want to read a striking sentence from the report of an outstandingly successful three-year maternal health program in England, written by the three physicians who directed it. This is the first sentence under the heading of conclusion: "It is important to observe that the results were obtained by a change of spirit and method, and without any alteration in the personnel

or any substantial increase in public expenditure". Changing conditions demand flexibility of thought, and basic principles must be our guide. Perhaps we are inclined to take too much responsibility, but we must be responsible for interpreting to our Board members the significance in terms of service of proposed changes in policy or personnel. A firm stand on questions of principle is the basis of professional integrity, but needless discussion of unimportant details is, at best, unworthy and it may be vicious. The health of nurses is never an unimportant detail.

A knowledge of the special skills of nurses, through a registration such as has been suggested by the committee on placement service, would contribute to better and more adequate service provided that nurses are willing to go where their special skills are most needed.

This war is presenting an additional challenge through the plan for receiving children in large numbers and placing them in foster homes. What do we know of child hygiene? Are we able to help parents and foster parents find solutions to the many new problems that are bound to confront them? These questions may appear to belong to public health nurses, but a second glance brings them into the community field, and nurses are members of the community and should be, I submit, influential members. What have our communities to offer these children and the homes that give them refuge? As professional women, with special responsibilities as citizens, we have a duty to perform. Let us address ourselves to a study of the problem immediately. Child psychology, nutrition, and mental hygiene are three lines of approach that I would suggest—someone in every community knows something about them.

Health authorities have responsibility—are they preparing to meet it? We must make our medical staff members, board members, and trustees aware of our broad interest in the whole situation and of our desire to give leadership. And always we should make quite sure that these men and women, who have accepted trusteeship as board members in hospital, health or child caring organizations, understand the relationship between sound nursing education and a high standard of nursing service. They must take responsibility for decisions, but it is our responsibility to give them all the facts bearing upon these questions.

While war disrupts, history shows that nursing has received great impetus through war. The Crimean War made plain to Florence Nightingale that good nursing service depended largely upon careful selection and sound teaching—thus modern nursing began. The Great War of 1914-1918 made demands in neurological and psychiatric nursing that have had far-reaching results. In the years following, University courses were developed and graduate study became relatively accessible to Canadian nurses. We begin the struggle today with a greater realization of these things and with a recognized place in the national life.

We are members of the International Council of Nurses, and our fellow members in many countries are being forced to see the work of years undone. They look to us to preserve the ideals common to us all and to promote the standards of service. When they are free to continue their professional organization activities we must not fail them.

Reference has been made to the Royal Canadian Army Medical Corps requirement of the professional standard of registration for Nursing Sisters. Nursing Sisters, like all other ranks

receive marching orders from the proper military authority, but the quality of the professional service commanded is conditioned by professional preparation in its widest sense, as well as professional leadership. Those serving on the home front need marching orders too, and the Canadian Nurses Association is the authority to give those orders. Those who have listened to the discussions and addresses during this convention have indeed received much, and we shall take some of our enthusiam back to our own groups. But could not a resounding call go out to every nurse in Canada—a heart-searching call not only to the 17,000 members of the Canadian Nurses Association but to every nurse? Failure of the few hinders the many, and today Canadian nurses are facing a supreme test in the management of their affairs. Much has been said about facing facts—this is an intellectual accomplishment, can we make it a moral one? John Mason Knox presents the challenge this way:

It's not the guns or armament,
Or the money they can pay,
It's the close co-operation
That makes them win the day.
It's not the individual,
Or the army as a whole,
But the everlastin' teamwork
Of every bloomin' soul.

A True Western Welcome

We have been behind the scenes at many a convention and consequently know something about the good staff work which is needed if the wheels are to be kept turning with such deceptive ease as they did in Calgary. One of the veterans among the commercial exhibitors volunteered the statement that "these Alberta nurses know their stuff —and do it". And so say all of us!

As a matter of fact, the Alberta Association of Registered Nurses methodically began its preparations as soon as the invitation extended to the Canadian Nurses Association was accepted at the Halifax meeting. Miss Kate Brighty, at that time president of the A.A.R.N. immediately began to make tentative plans, and when in due course she was succeeded in the presidential office by Miss Rae Chittick the whole project continued to move forward to its successful culmination.

KATHLEEN CONNOR

Under this capable direction, the A.A.R.N. resolved itself into groups, each of which assumed a share of the common task. Inevitably the heaviest load was carried by the Committee on Arrangements, and here a special tribute must be paid to its able convener, Kathleen Connor, and her associates. Nothing which would add to our pleasure and comfort seemed to be beyond their powers or outside their frame of reference. The Welcoming Committee (we like that designation) in the persons of Mrs. G. C. Winstanley and Mrs. W. R. Cope amply fulfilled the promise of its name. The Transportation Committee, was convened by Miss Mary Watt with excellent help from Miss Margaret Carpenter, Mrs. B. M. Blunden, Miss Sally Craig and Miss H. B. Acton. Visitors who needed help in finding suitable accommodation were courteously assisted by Miss Mary Maclear and Rev. Sister Mansfield. Information on every conceivable topic was cheerfully given by a committee headed by Mrs. A. T. Kloepfer.

MRS. A. E. VANGO
Photo by Jean Whiteford, Reg. N.

The registration desk was under the direction of Mrs. A. E. Vango, with the result that the registration of 553 persons proceeded with a maximum of quiet efficiency and a complete absence of fuss. A striking educational exhibit, assembled under the direction of Miss E. J. Rolston and Miss J. Davidson, was the centre of attraction in between sessions. This included a number of nursing procedure books used in various hospitals, as well as a life-size tableau illustrating a ward teaching project. Another excellent feature was the ingenious structure showing the essential requirements of a "good school of nursing," prepared under the auspices of the Manitoba Association of Registered Nurses.

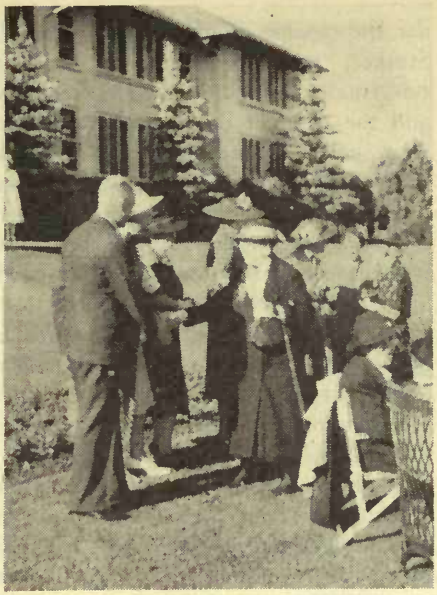
One of the bright spots in any nursing convention is the pleasure of meeting old friends, and especially those of "one's own School". Thanks to Miss Margaret S. Fraser, convener of the committee on Alumnae functions, no less than 55 Associations had an opportunity of arranging for happy reunions. Even those members who found no schoolmates spent a pleasant evening as the guests of Miss Sara Macdonald, superintendent of nurses at the Calgary General Hospital.

From an editorial point of view, we should like to express special appreciation of the work of the publicity committee, and especially to Miss Eleanor McPhedran, Miss Jean Davidson, Miss Blanche Emerson, and Miss Rae Chittick. For six months prior to the meeting they supplied the *Journal* with lively and authentic material which gave our readers a new conception of Alberta. The articles dealing with the history of nursing in this Province were not only interesting in themselves but

also constitute a most valuable reference. Another group to whom we are profoundly grateful is the Provincial *Canadian Nurse* Committee which, under the direction of Miss Violet Chapman, ably promotes the interests of the *Journal* in Alberta. There is so much to be said about this committee and the exhibit which was on display in Calgary that we are waiting until September to do it full justice.

And now we come to the consideration of the many delightful social events which made our visit to Alberta so memorable. The first of these was the dinner given in honour of the Executive Committee of the Canadian Nurses Association by the Executive Committee of the Alberta Association of Registered Nurses. This happy occasion was planned by the president, Miss Rae Chittick, who took the opportunity of introducing the members of the Committee on Arrangements to the assembled guests. The hearty applause which greeted each introduction showed how grateful we were for all the efforts made on our behalf.

Now we must suspend a stern regulation which governs this *Journal* and which usually compels us to blue pencil all descriptions of table decorations. Our excuse for this lamentable conduct is that you never in all your life saw anything so characteristic of the West as the miniature Indian encampment which graced the head table. This was prepared by the pupils of the Western Canada High School, under the direction of Mr. W. F. Irvin. The wigwams stood on a sandy slope and were decorated with authentic symbols; at one side, a group of Indians carried slender lodge poles and a delicate plume of smoke rose from a camp fire. We once lived on an Indian reservation, and never have we seen a more vivid representation of Indian life. By way of a souvenir, each guest was presented with a little teepee, and the menu cards showed a reproduction of an exquisite mountain landscape, painted by the eminent Canadian artist, A. C. Leighton, R.B.A., A.R.C.A. Right in front of us was a great bowl of the wild flowers of the foothills gathered by loving hands that very afternoon—prairie roses, sweet clover, purple vetch, and Queen Anne's Lace—the distilled perfume and colour of the West itself.



Dr. Baker greets Miss E. Birtles.
Photo by Jean Whiteford, Reg. N.

At the close of the first evening session, there was a gay reception at which all visiting nurses were entertained jointly by the following Alumnae Associations: the Royal Alexandra Hospital, Edmonton; the University Hospital, Edmonton; the Edmonton General Hospital; the Misericordia Hospital, Edmonton; the Calgary General Hospital; the Holy Cross Hospital, Calgary; and the Municipal Hospital, Lamont. The committee on entertainment, un-

der the capable direction of Mrs. H. G. Straker, was responsible for the arrangements which made this reception and the banquet on the following evening such delightful events. Mrs. Straker was assisted by Miss Lillian Bibby, Miss Catherine Clibborn and Mrs. H. C. Walshaw. Mrs. Selby Henderson was responsible for arranging the excellent musical program and Mrs. I. H. Brodie for the flowers. This seems an opportune moment to thank "the nurses of Calgary" for the beautiful bouquets which adorned our rooms all through the week.

And now we are constrained to talk once more about table decorations. At the banquet, yellow grain and Icelandic poppies were massed together in a blaze of gold. The menu cards showed the barred door in a corral fence, marked with the various brands of the Alberta cattle ranges, and bearing the hospitable legend "come and get it". Our favour was a bronze buffalo, and the Mayoress of Calgary generously gave us hers—a "Mountie" in his scarlet tunic, just two inches high.

On Friday afternoon, when most of the important decisions had been made and the work of the convention was almost completed, the Transportation Committee went into action and a whole convoy of cars carried us away to the banks of the Bow River. Here, in the beautiful grounds of the Central Alberta Sanatorium, Dr. and Mrs. Baker, and Miss Kathleen Connor welcomed us in the name of the Department of Public Health of the Province of Alberta. Gay music was provided by the Calgary Native Boys Band under the leadership of Mr W. D. Hayward. The Sanatorium's dietetian, Miss McCaffray, assisted by student nurses from various schools of nursing in Alberta, served a delicious supper. There was not a cloud in the sky, and the folds of the Union Jack at the top of its tall standard, fluttered gently in the cool breeze. In the evening, thanks to the courtesy of the Mayor of Calgary, arrangements were made for a drive through the summer countryside.

In closing, reference should be made to the special Church services held on the Sunday evening before the sessions began. At St. Stephen's Church, the Ven. Archdeacon Swanson delivered a most eloquent address to more than two hundred nurses, among them many Nursing Sisters who served in the last war. In the Chapel of Holy Cross Hospital, Benediction was conducted by the Right Reverend A. J. Hetherington, Diocesan Director of Catholic Hospitals. At the opening session, the Invocation was pronounced by the Right Reverend Ralph Sherman, Bishop of Calgary. In a time of national anxiety and stress, these spiritual ministrations were most consoling and inspiring.—E.J.

THE LIPPINCOTT LOUNGE

All through the busy days of the Calgary meeting there was always a peaceful haven on the tenth floor of the Palliser Hotel in which one might relax and sip a fragrant cup of coffee. The J. B. Lippincott Publishing Company once more offered the generous hospitality of the "Lippincott Lounge" and perhaps none of us enjoyed it more than the hard working Calgary nurses who were so busy with their hospitable duties that they had little time for rest. Miss Alta C. Walls, R.N., a member of the Lippincott staff, was the gracious hostess and we owe her a personal debt for the kindness and consideration she showed to every visitor to this charming retreat.

The Nurse and the Diabetic

Angus MacKay, M.B., F.A.C.P.

As nurses and doctors, our contacts with diabetics are mutual and date from the day the diagnosis is first made. They include hospital treatment; the attitude for the long years that follow; the social, domestic, and medical complications; surgical and obstetrical adjustments, the prevention of trouble due to poor circulation and the prompt treatment of any emergency that may arise. No disease requires such close contact between doctor, nurse, and patient.

Diabetes is characterized by inability to use the carbohydrate (sugar) supplied to the body, and shows itself by the presence of sugar in the urine (glycosuria) and abnormal amounts in the blood (hyperglycemia). The cause of the disease is still obscure although, as we get more exact information regarding the workings of the ductless glands, we get new viewpoints. However, the real defect seems to be in the pancreas. The main secretion of this gland is one that digests food in the intestine. Completely embedded in it are groups of other secreting cells that are called "islet" tissue. Their secretion, insulin, is absorbed directly into the blood stream and carried through the body. Diabetics have a deficient supply of this insulin and this is the direct cause of the disease. When necessary, this deficiency can be made up by giving sufficient supplemental insulin, prepared from other animals. The pancreas of the cow or pig is ground up, steeped in saline and alcohol, the solution purified and concentrated, and supplied in sterilized ampoules ready for injection hypodermically.

Heredity plays an important part in diabetes and many diabetics present evidence of its presence in the family blood connections. Fortunately the disease tends to die out in succeeding generations if one parent's family is free from it. Obesity also predisposes to diabetes. Thyroid, adrenal or pituitary disorders, emotional stress, naso-respiratory or gall bladder infections, as well as gross dental infection, often precipitate the onset, which may be insidious or occasionally rather abrupt. It is common to discover glycosuria during examination of apparently healthy persons who deny the existence of any symptoms of the disease. Although desirable to secure treatment at this stage, it is usually difficult since symptoms are lacking and the need for dieting is not clear to the patient. Early treatment minimizes body damage and allows more ample and attractive diet, with greater liberty and health in after years.

After some time, and with continued neglect, the sugar in the urine increases in amount and the patient slowly loses weight. He becomes unusually fatigued after the usual day's work, and frequently has crampy pains in the calves or feet. Increased thirst, and increasing amounts of urine, may be associated with an increased appetite; skin eruptions, boils, eczema or intense itching may occur. These troubles are dramatically corrected by treatment, but delay results in chronic ill-health which may last for years. During this period incurable changes occur in the blood vessels which become thickened and hardened. Vital organs, such as the heart, brain, kidney and eye, as well as the limbs and the body tissues in general, suffer from defective blood supply and account for symptoms referable to these areas. Death results from blockage of these blood ves-

sels, producing gangrene or other changes, and also from infections or coma induced by poor health and uncontrolled disease.

The controlled diabetic today presents a different picture. His diet is one that consists of common foods and, although requiring continuous care, is attractive and appetizing and results in health and vigour. He can do anything a healthy person can do. Insulin, when needed, is a nuisance, and is merely that with most diabetics. Severe cases have less comfort, but the inconvenience of the occasional reaction, the more frequent urinalysis, and the critical care required in their control are much to be preferred to the complications of ill-health they would suffer if neglected. After a few weeks of treatment they all, mild or severe, become adjusted to a certain amount of food, exercise, and insulin and proceed with little change through the years. Their periods of danger occur when facing the ordinary troubles of life, such as infections, worry, pregnancy, or operations. If a little extra care is taken no harm follows and they seem to have a normal expectation of life. The control of the disease consists in finding a proper diet and other treatment that will control the sugar excretion. Mild cases will not require much restriction of their diet; that is the reason why cases should be controlled as early as possible.

Control of the diet requires some consideration of foods and the fundamental ideas are quite simple. The three kinds of foods (starches, fat, and protein) are present in different amounts in different foods. Certain amounts must be eaten of each, depending on age, occupation, climate, individual taste and other factors. Proteins (meat, eggs, cheese, cereals) are used to replace worn body tissue. Starchy foods are most easily absorbed and utilized and include sugar, syrups, honey, preserved and fresh fruit, bread, potato, rice. These carbohydrates are stored in the liver and muscle and are burned very easily, thus providing energy. These are the foods that the diabetic burns with difficulty because insulin is needed for their combustion and only a limited supply is made by the diabetic.

The fatty foods (cream, butter, fat meat) are stored in the body for use in adversity (illness or starvation). They are very concentrated, forming twice as much energy for their bulk as the others. The fats are burned up if the carbohydrate in the body is already ablaze; but this carbohydrate is burned or stored only when the spark of insulin is there. The diabetic eats plenty of food but he cannot use it. His body, lacking the necessary means of nutrition from "outside" food, breaks up the fat and protein stored for emergencies. He consequently loses weight and feels ill, because both his "outside" and "body" food form excessive sugar and acid products which are poison.

Treatment consists of a severe dietary restriction for a few days. This tends to restore harmony because he is given so little food that, unless the diabetes is severe, he burns or stores it all, excretes no sugar and feels wonderfully improved in a day or so. He is then given small increases daily as long as he remains sugar free, until by various manipulations of his food content, he takes an ample diet with safety.

There are two main ideas in diet today; the better one has not yet been unanimously decided. In one, the diet has very little bread, cereal or concentrated carbohydrate, but enough calories are taken by giving much butter, cream or other fats. Strangely, the other is just the opposite, containing nearly the usual amounts of starchy foods, bread, cereal, potato, even jam and sugar, but just about half the fat ordinarily taken. The

caloric value of this diet is kept at about two-thirds of that usually taken in health. The important thing is that no matter which diet is prescribed it must be accurately followed. Adjustments should rarely be made by the patient.

If the case is severe and it is impossible to achieve control even with little food, "outside" insulin must be given to remedy the defective production of insulin which the diabetic manufactures himself. This is given often enough, and in sufficient dosage, to achieve the desired result, that is to control the disease. Too much or too little is dangerous; the diet, exercise, or activity must be the same each day. Too much insulin causes the blood sugar content to diminish unduly because the sugar is being rapidly used or stored. The patient then becomes hungry, has double or faulty vision, profuse perspiration, becomes confused, incoherent, convulsive, drowsy, comatose, or completely unconscious. This usually takes several hours and can be prevented by the administration of sugar in any form of food or drink, or intravenously. Just enough should be given to prevent this reaction; too much will cause sugar to reappear in the urine.

Mild cases require no insulin, others require a dose once daily. Severe cases may require three or four doses a day and still show lack of good control, because of the existence of glycosuria and reactions. Many of this class do better on protamine zinc insulin. In this form much larger doses may be given because it is absorbed very slowly, often taking 24 to 36 hours to entirely use up a single dose. A patient, requiring up to 40 units of insulin a day, may be given the entire dose as protamine zinc insulin once a day. More severe cases require a combination of protamine and regular insulin. These may be given by separate injections before breakfast. The regular insulin is quickly absorbed and controls the sugar absorbed in food during the day. The protamine fraction keeps the patient controlled at night.

Reactions from protamine occur at night or in the early morning. They often differ from those of regular insulin by the frequency of headache, nausea, or other gastro-intestinal symptoms. They also are controlled by food or sugar. Never give a nauseated patient his usual dose of insulin before breakfast. Give the food first, as he may be having a reaction, and be sure to reduce his dose when it is given. Severe diabetics do better if food is given at mid-morning and on retiring, as well as at the usual meal times.

The insulin syringe should be one that is graduated for use with the "yellow" (40 unit) insulin. It should be sterilized by boiling, the needle point carefully maintained at a razor edge, the piston, barrel and needle dried by suction of alcohol after use, and lime deposits cleared by boiling in vinegar when necessary. For travelling, alcohol sterilization suffices if the alcohol is dried off in the air before filling with insulin. A different site should be used for each injection, moving up, across, and down the trunk or arm; the joint areas should be avoided. The patient should use his abdomen when treating himself and should use a different site each day. Members of the family should be trained to administer insulin, particularly when infirmity due to age, imperfect vision or other weakness exists. With regular insulin, food should be taken within 15 minutes; this is not so important with protamine. Broken syringes should be replaced by the same type so as to insure correct dosage. Ordinary glass syringes should never be used.

After leaving the hospital, or becoming controlled on the new diet at home, the diabetic's life-training in the care of his disease has been properly commenced.

His chief problems frequently are: to get a practical adjustment of his diet so it will not interfere with his occupation or wage earnings; to prevent carelessness or a casual viewpoint; to preserve domestic happiness by avoiding a boring tendency to talk eternally of his diet, his aches and pains or his urinalysis. He should be instructed in the composition of his diet, and while too much elaboration should be avoided, he should know how to weigh it, and how to make one or two simple substitutions. He should also know how to test his urine, how to administer the insulin, and how to recognize the dangers and signs of reaction. These matters usually require constant repetition and a visiting nurse, officially or unofficially, can do much to establish and maintain confidence and care.

The insulin dose is lowered as the patient improves and many past middle life may dispense with it altogether. If he is taking protamine, the urine should be tested night and morning for a few weeks, decreasing the dose when no sugar is found in the urine. Neglect in this regard may cause severe reactions. On the other hand, if traces of sugar appear the dose is increased.

Certain occupations require special care on the patient's part, in order to avoid reactions and their possible danger to others. Trainmen, elevator operators, line men, for example, are as dangerous to others as to themselves if they are careless. Licenses as car drivers should not be issued to careless patients. Severe diabetics should carry glucose tablets to take when suspicious of an oncoming insulin reaction. Diabetic children should be encouraged to attend school and to equip themselves for suitable positions in later life. A diabetic may do anything an ordinary person does although he is not fitted to do it as strenuously.

Many doubtless become careless and suffer only moderate inconvenience for a long time, but eventually the outcome is a serious complication. Others are frankly and honestly not co-operative; they take extra insulin in order to eat unwisely, and suffer from overdoses and then from glycosuria. The type who raise a terrible row over their unsuitable rations as an excuse for their misdeeds, are known to all. These patients require your co-operation, as well as the doctor's diplomacy. Your official attitude as visiting nurses, your unofficial advice to your afflicted friends when the subject is broached during a social call, are grave matters. It is common knowledge, resent it as many doctors do, that advice is often better taken from a nurse (quietly and plainly explained) than it is from the doctor.

We must not threaten diabetics with the probability of a cataract or gangrene developing, because such complications may not appear for years. While it is true that such a possibility exists, it is a terrifying thing to suggest to an intelligent but careless patient. Try and find their viewpoint, their hidden fears, the domestic or environmental skeleton in the cupboard, and then correct, if possible, the complicating factor.

The complications of diabetes are usually given as acidosis, infection, or gangrene and commonly arise from neglecting minor matters. The patient may become nauseated, out of sorts and have a cold, tonsillitis or any of the infectious diseases we all have. Insulin in appropriate doses should never be omitted on these occasions, particularly if the case is severe. The diet should be soft or liquid, the amount calculated by the physician in charge. Activity is curtailed and rest in bed is prescribed.

Acidosis occurs acutely, in severe cases and in children, with dietary indiscretion. It occurs more slowly in adults when infection is present, and will progress to coma if unchecked. Acute ab-

dominal pain, vomiting, nausea, drowsiness and deep stertorous breathing are signs of danger. Insulin in large doses, fluids, stomach lavage, enemata, warmth and stimulants comprise the foundation of treatment. The most important is prompt and adequate insulin dosage. Hypoglycemia (insulin reaction) should not be confused with coma; if anything unusual happens to a diabetic taking insulin, it is reaction. Give sugar, not insulin. A urinalysis will show no sugar and the recovery is prompt.

Diabetics have blood vessels that thicken early and at an abnormally rapid rate. The defective circulation may damage the heart, feet, eye, kidney, or brain. Defective circulation in the feet is shown by coldness, cyanosis, cramps in the calves, tingling and burning over the soles or toes, worse at night. Attention is directed toward extreme care and hygiene of the feet. Comfortable shoes, warm stockings, bed socks winter and summer, care of corns, trimming the nails, Buerger's exercises, massage, sitz baths, the Pavex boot, all relieve symptoms. Once these symptoms occur, much greater vigilance must be exercised because worse situations may arise. Minor injuries, infections or superficial areas of gangrene are kept clean by alcohol, boracic or dry dressings. On no account use iodine, Keith's dressing, or strong antiseptics. Rest in bed, with the foot protected from friction of the bed coverings or wrapped in cotton wool, will clear up minor disabilities in a few weeks.

Further involvement, whether by gangrene or cellulitis, usually requires operation. Younger patients, or those with warm feet, indicating fairly good circulation, may develop serious infections but in them the surgical treatment may be less drastic. Drainage, or local amputation, may succeed without amputation at the knee, as is usually necessary in older patients, when the circulation is seriously impaired.

In conclusion, I wish to reiterate the importance of our mutual responsibility toward the diabetic patient. You are usually in closer contact, and have a greater opportunity for effective advice. The diabetic's happiness and health are greatly increased by a close alliance with his physician and his nurse.

Victorian Order of Nurses

The Victorian Order of Nurses for Canada was requested to detail a nurse for duty on the private train on which Princess Juliana of Holland and her two children travelled from Halifax to Montebello on their arrival in Canada. Miss Elaine Corbett, nurse-in-charge of the branch at Bridgewater, Nova Scotia, was asked to report for duty at the Admiralty Office in Halifax on June 8, from where to her amazement she was sent to the private train awaiting the arrival of the Princess in Canada.

Miss Corbett is a graduate of the Royal Victoria Hospital and of the School for Graduate Nurses, McGill University. Her home is in Montreal. Princess Juliana expressed her apprecia-

tion of the arrangements made and in particular of the presence of Miss Corbett in case of need on the journey.

The following are the staff appointments and transfers of the Victorian Order of Nurses for Canada:

Miss Martha Earle, who has just completed the course in public health nursing at the School for Graduate Nurses, McGill University, has been appointed to the position of nurse-in-charge of the branch at Newcastle, New Brunswick.

Miss Marjorie Cowan, a graduate of the school of nursing of the Regina General Hospital, who has just completed the public health nursing course at the School for Graduate Nurses, McGill University, has been appointed to the Regina staff.

Miss Blanche Rickard, a graduate of the school of nursing of the Hamilton General Hospital, and of the course in public health nursing, school of nursing, University of Toronto, has been appointed to the Brantford staff to replace Miss Huffman.

Miss Margaret Merriam has been appointed to the Moncton staff. She has been on leave of absence and prior to this was in charge of the branch at Yarmouth, Nova Scotia.

Miss Verna Huffman has been transferred from the Brantford staff to the York Township staff.

Reader's Guide

The aim of this issue of the *Journal* is to offer a commentary upon the Biennial Meeting of the Canadian Nurses Association for the special benefit of those who had not the privilege of attending. Following the precedent set in 1938, the official reports and the text of most of the addresses will appear in September, but there were certain messages which bear so directly upon the crisis we are now traversing that it seems wise to publish them immediately. Each of these is commented upon below.

After you have read "Till the Barrage Lifts!" you will understand why **Dr. E. P. Scarlett** held his audience spellbound. Delivered in the shadow of the capitulation of France, this address conveys the atmosphere of calm determination which pervaded the Calgary meeting. Dr. Scarlett, who saw active service in France during the last war, is now a member of the Calgary Associate Clinic, and in spite of the demands of an extensive practice, makes a notable contribution to the life of the city, especially in relation to literary and musical affairs.

Under the respective captions of "Military Nursing Service", and "Marching Orders", **Fanny C. Munroe** and **Edna L. Moore** give us the benefit of their experience overseas during the last war. Miss Munroe is now the superintendent of nurses at the Royal Victoria Hospital, Montreal, while Miss Moore is Chief Public Health Nurse in the Department of Health of the Province of Ontario. Both women have had to face and to solve problems similar to those with which we are now confronted, and are, therefore, exceptionally well qualified to advise and guide us.

The *Journal* is indebted to Miss Freda Fell, chairman of the Private Duty Section of the Registered Nurses Association of Ontario, for the privilege of publishing the excellent address on the modern treatment of diabetes, delivered by **Dr. Angus MacKay** before a Toronto group of private duty nurses.

The Matron-in-Chief in Canada

In times of national crisis, there must be a leadership so strong, so wise, so competent, so human, that it will command instant and cordial response. The nurses of Canada are indeed fortunate that in this hour of trial, the military authorities of the Dominion have chosen Elizabeth Smellie, C.B.E., R.R.C., as Matron-in-Chief in Canada. To her we turn with confidence and affection, for we know that she has all the qualifications which are needed to ensure success in her responsible task.

It is a profound satisfaction to know that, in her capacity as first vice-president of the Canadian Nurses Association, Miss Smellie will be able to interpret to the military authorities our fervent desire to offer the full measure of devotion and service to our beloved country.

There are many reasons why Miss Smellie is an ideal choice for this responsible task, and chief among them is her magnificent record during the Great War of 1914-1918. At the time when Miss Smellie was awarded the Snively Medal by the Canadian Nurses Association, Miss Jean I. Gunn wrote of her as follows:

> In 1914, very shortly after the beginning of the Great War, she joined the Canadian Army Medical Corps as a Nursing Sister for overseas service. Her ability in organization and administration was very soon realized and she served as a Matron in the Canadian Army Medical Corps until 1918, when she returned to Ottawa in the position of Assistant to the Matron-in-Chief, which position she held until 1920. Miss Smellie's military service was most outstanding: she was mentioned in despatches in 1916, and in 1917 was awarded the Royal Red Cross, First Class.

ELIZABETH L. SMELLIE, C.B.E., R.R.C.
Photo by Notman, Ltd., Montreal.

Miss Smellie has always been keenly interested in the welfare of all nurses who served overseas. She is a member and a past-president of the Ottawa branch of the Overseas Nursing Sisters Association and a member of the Canadian Legion. Previous to the Royal Visit last summer, she represented the Overseas Nursing Sisters on the committee appointed to make arrangements for the ceremony of the unveiling of the War Memorial at Ottawa.

Many honours have been conferred upon Miss Smellie. In 1934 her name appeared in the Honours List approved by King George V, as a Companion of the Order of the British Empire. In a recent issue of the *Journal*, mention was made of her appointment as

first vice-president of the American Public Health Association. She is also consultant in public health nursing to the Department of Health of the Province of Ontario and to the Welfare Department of the Metropolitan Life Insurance Company in New York.

It is as the Chief Superintendent of the Victorian Order of Nurses for Canada that she is universally known and beloved in Canada. The Order has generously consented to grant Miss Smellie immediate leave of absence so that she may take up her duties in the office of the Director General of Medical Services, Department of National Defence, Ottawa.

In her capacity as Matron-in-Chief in Canada, Miss Smellie will guide and direct the military service so eagerly offered to their country by Canadian nurses. It is good to know that the authorities have wisely entrusted so responsible a task to a woman of great ability, sound judgment and sterling integrity.

The Canadian-Polish Ambulance Unit

Our readers will remember that reference was made in the June issue of the *Journal* to the generous gift of two well equipped motor ambulances which was made by Polish-Canadian citizens to the Polish Relief Fund. Under the direction of Nursing Sister Oakley Williams, the Polish nurses attached to the Unit rendered most valuable service to refugees in Paris, and later the Unit was called up to serve elsewhere in France. In a letter from the Commandant, Miss Patt Tuckett, we learn of the Unit's subsequent adventures . Although the personnel all escaped with their lives, the two ambulances and all equipment were destroyed by being blown up on the dock. Far from being dismayed, Miss Tuckett writes that "the work will now be carried on in England, and may it all end soon in favour of the British who are indeed a wonderful people". To her great disappointment, Miss Tuckett was prevented by illness from accompanying the Unit to France.

Ontario Public Health Nursing Service

Miss Clara Kittmer, who has been public health nurse in Woodstock for the past three years, has resigned to accept a similar position in Owen Sound. The vacancy in Woodstock will be filled by *Miss Gladys Jackson,* a graduate of the School of Nursing of the Toronto General Hospital, and post-graduate of the University of Toronto public health nursing course, 1940.

Miss M. J. Gillespie has resigned her position with the Red Cross in Manitoulin Island to do public health nursing in the town of Thorold.

Mrs. Gertrude Irene Purcell, a graduate of the School of Nursing of the Toronto General Hospital, and post-graduate of the public health nursing course, University of Western Ontario, has accepted a position as public health nurse in Stratford.

Miss Audrey Turner has resigned her position as public health nurse in Port Arthur to be married.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The twentieth General Meeting of the Canadian Nurses Association, held in Calgary, Alberta, June 24-29, 1940, will be reported in the September issue of *The Canadian Nurse*. However, it is recognized that all members unable to be present are awaiting an announcement in regard to the National Organization's decision toward assisting in the present crisis, therefore action taken is reported herewith. The Executive Committee, in meeting on June 24, appointed Miss Ruby M. Simpson to convene a small committee to investigate possible financial assistance in the present national crisis, and before the close of the General Meeting to submit definite recommendations with regard to the most urgent need and probable cost. On Wednesday afternoon, June 26, the convener of the Committee presented its report to the general session. The report, which was adopted unanimously, follows:

Report of Committee

From several sources, the question of assistance (financial and otherwise) which might be given by the Canadian Nurses Association in the present national crisis, was brought to the attention of the Executive Committee at its meeting on June 24. Following some discussion, a small committee was asked to review the situation and bring in definite recommendations to the General Meeting. As convener of the Committee, I beg to submit a brief report for your consideration.

The President of the Canadian Nurses Association has received the following communications in connection with this matter:

1. A letter from the Council of the Registered Nurses Association of British Columbia asking that "the Canadian Nurses Association give consideration to granting a sum of money to help in whatever way it may decide, to lessen the dismaying conditions existing due to war".

2. A letter from the Alumnae Association, Jeffery Hale's Hospital, Quebec, addressed to the Association of Registered Nurses of the Province of Quebec, and referred to the Canadian Nurses Association by the Executive Secretary of that Association, asking that "Canadian nurses provide an ambulance for use in England".

3. A letter from the Registered Nurses Association of Ontario, submitting a copy of a resolution received from the Advisory Nursing Committee of the Provincial Red Cross Society, and referred to the Canadian Nurses Association, which reads as follows: "Whereas the Nursing Advisory Committee of the Ontario Division, Red Cross Society, is of the opinion that as a precautionary measure the matter of teaching regarding air-raid precautions should be given serious consideration, and whereas it might be expected that professional groups should be prepared to give leadership in this matter, it is recommended to the Executive of the Ontario Division (a) that a method be found whereby the members of this Committee may receive such teaching; (b) that teaching in air-raid precautions be added to the content of the course in home nursing".

4. A letter from Miss Jean Gunn, Toronto, with reference to preparation by this Association for assistance with Home Defence.

The following information was secured regarding the suggestions (contained in paragraphs numbered 1 and 2) with reference to a definite contribution from the Canadian Nurses Association. Information from Ottawa was sought by wire, and the cost of various units was said to be as follows:

Ambulance—cost approximately $1000.

Air Motor Craft—cost from $10.000.

Surgical Units, comprising operating table, instruments, sterilizer, etc.—cost from $500. to $1500. each.

Complete sterilizing unit—cost $4500.

Hydraulic operating table—cost $450.

In relation to the suggestions embodied in paragraphs numbered 3 and 4, respecting the teaching of air-raid precautions and home defence plans, no definite information was available.

Recommendation concerning Contribution: The Committee recommends that the Canadian Nurses Association present to the Government of Canada three Surgical Units, at a cost of $1500. each, representing a total expenditure of $4500.

Recommendation concerning Teaching in Air-Raid Precautions: The Committee recommends that the Executive Secretary be asked to secure the necessary information from the Department of National Defence and forward same to all provincial organizations with a recommendation that action be taken by them as required.

Recommendation concerning a Statement of Loyalty and Proffered Service: The Committee recommends that a letter be sent from this Meeting to the Prime Minister of Canada, reiterating our pledge of loyalty and service as contained in the letter addressed to him by our President on December 7, 1939, and expressing our realization of the greet need at this time and stating that we, as an organization, stand ready to respond to any call for home or overseas defence, for health or nursing service in connection with refugees, or in any other need that may arise.

Recommendation concerning Investments: The Committee recommends that all surplus funds of this Association be invested in War Bonds; advice in this matter to be secured by the Executive Secretary from a bank official or the Association's auditor.

Recommendation concerning Enrolment for Home Defence: The Committee recommends that this matter be referred to the Meeting of the Executive to be held on June 29, for such action as may be considered advisable.

Action by the Executive Committee

On June 29, the Executive Committee decided:

1. That each Provincial Association of Registered Nurses be requested to formulate plans for refresher courses in first aid and air raid precautions for all members of their Association. This action is to be undertaken as soon as possible.

2. That each Provincial Association, through official sources, should offer the services of nurses to Civilian Protection Committees. In making this offer, each Association should state that there are available lists of volunteer enrolled registered nurses, also that there will be prepared lists of graduate nurses not registered (married or retired) who can be of invaluable assistance in home defence schemes.

3. That the Executives of Provincial Associations offer their services to the Provincial Divisions of the Canadian Red Cross Society in selecting from the Red Cross files those persons best qualified to assist the trained personnel in different types of service.

4. That the Executive Secretary of the Canadian Nurses Association prepare a report for the Provincial Associations on the basis of discussion by the Executive Committee in meeting on June 29. (This report was prepared at once so that each Provincial Association received a copy by July 4.)

Letter to the Prime Minister

The following letter has been sent to the Prime Minister of Canada:

Sir:

At a general meeting of the Canadian Nurses Association, held in Calgary this past week, the Association went on record as reaffirming its pledge of loyalty and service to the Government of Canada.

We realize that the need is becoming increasingly great, and the demand for service more urgent. Our members stand ready to respond to any call from you, Sir, whether it be for home or overseas defence, for health or nursing service in connection with refugees, or in any other need that may arise.

We are today notifying the Minister of National Defence that the Canadian Nurses Association voted unanimously to present the Government with three Surgical Units, at a total cost of forty-five hundred dollars.

Yours very truly,

GRACE M. FAIRLEY,
President.

The Prime Minister's reply reads as follows:

Dear Miss Wilson:

I wish to acknowledge a letter of July 1, signed by yourself and Miss Grace M. Fairley, on behalf of the Canadian Nurses Association in which you bring to my attention the proceedings of a general meeting of the Association held in Calgary.

My colleagues and I very much appreciate the patriotic determination of the Canadian Nurses Association to contribute their services and resources so generously to the war effort of our country. A gift of three Surgical Units to the government is a contribution of considerable material value in the struggle in which we are engaged, but the knowledge that our citizens are making voluntary sacrifices of this character is of even greater value, since it constitutes the assurance that we shall emerge from the present struggle victorious.

Yours sincerely,
W. L. MACKENZIE KING.

Letter from the Minister of National Defence

The following letter has been received from the Minister of National Defence:
Dear Miss Wilson:

I have for acknowledgment your letter of yesterday's date, enclosing a certified cheque for $4500., representing a contribution by the Canadian Nurses Association, for the cost of three Surgical Units.

Will you please accept personally, and convey to the members of the Canadian Nurses Association the very sincere thanks of the people of Canada for this most acceptable gift.

We appreciate exceedingly this evidence of the practical patriotism of the

Canadian Nurses Association in the furtherance of Canada's participation in the war.

The value of the gift is measured not only by the material assistance which these Surgical Units will provide, but also by the evident desire of your Association to help in this gigantic task which faces us all, and by the splendid example which your action affords to all of us.

With my renewed thanks, I am,

Yours very truly,

J. L. RALSTON

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Alberta:

A.A., Lamont Hospital, Lamont	$ 5.00
A.A., University of Alberta Hospital, Edmonton	5.00
Student Nurses, Royal Alexandra Hospital, Edmonton	10.00

Quebec:

Association of Graduate Nurses of the Ste. Justine Hospital, Montreal	5.00
Nursing Staff, Jewish General Hospital, Montreal	16.25
Nurses, St. Mary's Hospital, Montreal	10.00

Saskatchewan:

Saskatchewan Registered Nurses Association	26.45

Annual Meeting In Prince Edward Island

The annual meeting of the Registered Nurses Association of Prince Edward Island was held on June 11, 1940, in St. Mary's Hall, Summerside. Miss Ina G. Gillan very capably presided and about sixty nurses were present. In her presidential address, Miss Gillan reviewed the activities of the Association for the past year and Miss M. Thompson gave an interesting account of the growth of the three county hospitals in the Province. It was noted with satisfaction that eighty-five nurses had enrolled for national service thus exceeding the quota. A most encouraging report of the work of the Provincial Canadian Nurse Committee was presented by the convener, Miss B. MacKenzie, and circulation was shown to have attained a high level.

The report of the secretary was given by Miss B. MacKenzie, and that of the treasurer-registrar by Sister M. Magdalen. The activities of the various sections were reported upon as follows: nursing education, Miss A. Bennett; public health, Miss R. Ross; private duty, Miss B. M. Tweedy. The committee on legislation was reported upon by Rev. Sister Stanislaus. Dr. J. A. McPhee gave an informative address on social diseases at the close of the afternoon meeting and a highlight of the convention was the annual dinner at which Dr. J. G. Griffin gave a splendid address.

This year, a most stimulating refresher course followed the annual meeting and was held in Charlottetown. This course included a number of topics of great interest. Dr. J. G. Griffin, lecturer in psychology and psychiatry at

the University of Toronto, gave a most stimulating series of addresses on various aspects of mental hygiene in health and disease in which he laid special stress on the importance of mental hygiene in childhood. Mrs. L. A. Dignan discussed the nursing care of the mentally ill, and Dr. A. J. Murchison outlined various psychiatric problems.

Various aspects of the problem of tuberculosis were presented by the following: Dr. P. A. Creelman, medical superintendent of the Provincial Sanatorium; Miss Mona Wilson, director of public health nursing; Miss Olive Ings, Prince Edward Island Tuberculosis League; Sister St. John the Baptist, R.N.; Miss Anna Mair, superintendent P.E.I. hospital; Miss Hazel Sterns, dietitian; Miss Katharine MacLennan, supervisor of nursing Provincial Sanatorium; Miss Barbara Smith. The discussion was summarized by Dr. B. C. Keeping. An interesting play entitled "The home visit of the tuberculosis public health nurse" was presented by Miss D. Hennessey, Miss G. Aitken, and Miss S. Jay.

The election of officers resulted as follows: President, Miss Ina Gillan; vice-president, Rev. Sister St. John the Baptist; treasurer-registrar, Rev. Sister St. Magdalen; secretary, Miss Leonara Clark; chairman of the various sections: nursing education, Miss Georgie Brown; private duty, Miss Mary Devereau; public health, Miss Ruth Ross.

Our Golden Jubilee

Graduates from many parts of Canada and the United States, returned to attend the celebration of the Golden Jubilee of the Hamilton General Hospital Training School for Nurses. The Jubilee celebration commenced on Wednesday, June 5, with a scenic drive, followed by a tea at Mount Hamilton Hospital, provided through the courtesy of the Women's Auxiliary of the Hamilton General Hospital. During the afternoon, Miss Martha Watt, the able convener of the reunion committee, was presented with a watch by the Alumnae Association in appreciation of her excellent work.

In the evening, the Alumnae Association dinner was held at the Royal Connaught Hotel with over six hundred graduates present. Miss Effie Taylor, Dean of the School of Nursing of Yale University, and President of the International Council of Nurses, was the guest speaker and was introduced by Miss Isabel MacIntosh. Miss Taylor stressed that our curriculum had remained too static and suggested that the future of nursing lay in the realm of prevention and that the nurses of Canada and the United States must be equipped to lead the way. In order to do this, higher educational qualifications are needed. Hamiltonians are proud to know that Miss Effie Taylor, an outstanding leader in the nursing profession throughout the world, came originally from Hamilton, and it was here that her early resolve to become a nurse was formed.

Dr. Langrill, medical superintend-

ent of the Hamilton General Hospital from 1905 to 1939, in his toast to the Training School drew attention to the fact that the school was begun by the late Dr. Ingersoll Olmstead. He paid high tribute to all those who had added so much to the splendid tradition of a profession already noted for its devotion to service; Mrs. James Roberts gracefully responded to the toast. His Worship, the Mayor of Hamilton, extended cordial greetings, and other speakers were Dr. Miles G. Brown, medical superintendent of the Hospital; Mr. W. H. Cooper, chairman of the Board of Governors; Dr. Douglas Storms (who has practised in Hamilton since 1886) representing the Academy of Medicine; and Miss Martha Watt, general convener of arrangements.

Brief and stimulating addresses were made by Miss C. E. Brewster, the present superintendent of nurses, and by Miss Kate Madden, a previous superintendent. Both received a most enthusiastic welcome as did Miss Caroline Clark, formerly superintendent of nurses in the Mount Hamilton Hospital. Miss Grace Watson, the earliest graduate present, also spoke delightfully. A congratulatory message from the President of the Canadian Nurses Association, Miss Grace M. Fairley, was delivered by Miss Ethel Johns.

The beloved former superintendent of nurses, Miss Edith Rayside, O.B.E., R.R.C., received a tremendous ovation when she rose to speak to an applauding audience. Profoundly touched by this evidence of loyalty and affection, Miss Rayside said that the years she had spent in the Hamilton General Hospital had been the happiest in her life.

An interesting and original one-act play, entitled "A Nurse's Dream", arranged and directed by Miss Merle Watson of the Class of 1929, was presented by three graduates of the School. Miss Irene Mayall, president of the Alumnae Association, presided in a most capable manner over the proceedings of the evening.

A reception and garden party, held on the grounds of the Hamilton General Hospital, was the feature for Thursday afternoon. This was given by the Board of Governors in honour of all graduates of the School. Miss Hattie Coleman, first president of the Alumnae Association, was one of the guests of honour. Class reunion dinners were held in the evening.

Graduation was held on Friday afternoon at McMaster University and the guest speaker was the Lieutenant-Governor of Ontario, the Hon. Albert Matthews. Dr. O. W. Niemeier, and Miss Ethel Johns also brought a message to the nurses. This was the first occasion on which graduation had been held at McMaster University, and it proved a very happy innovation. In the evening, a bridge and dance was held the proceeds of which were given to the Hamilton branch of the Red Cross Society.

— ELLEN W. EWART

SPECIAL CONVENTION NUMBER

The September issue of the *Journal* will contain the full text of most of the addresses and reports presented at the Biennial Meeting of the Canadian Nurses Association in Calgary. If extra copies are desired, please notify the *Journal* immediately. The price for single copies of this special issue is thirty-five cents, including postage.

THE ROYAL COLLEGE OF NURSING

The secretary of the Royal College of Nursing, Miss Frances E. Goodall, has asked the *Journal* to convey the following message to Canadian nurses:

Might I ask you to convey through the medium of your journal, the thanks of the British nurses for the kind messages they have received from overseas. They are a great encouragement to us all in these difficult times.

The following excerpts from an account of a recent meeting of the Council of the College show how clearly and sanely our English sisters are thinking their problems through. Their steadiness in this time of crisis is characteristic of Britain.

Factory Nurses "go to it"—A great need for more industrial nurses will materialise if the task of Mr. Bevin's new Factory and Welfare Advisory Board is to be fully interpreted. This gives the Royal College of Nursing, which has long specialised in the training of such nurses, a great opportunity for national service. One of the most serious disorganising factors in industrial life is absence, due to so-called minor ailments such as the common cold, tonsilitis, and headaches. The man or woman trained only in first aid has not the experience to cope with the situation and much time could be saved if a trained nurse was available so that medical treatment could be carried out correctly at the factory, and so save unnecessary waiting in surgery or outpatient department. To meet the new need the College has submitted the following suggestions to the Factory and Welfare Advisory Board: That the College should be responsible for the recruitment of suitable nurses to industry, undertake the training of such nurses, and interview applicants on behalf of employers. It also suggests the appointment, under the Ministry of Labour, of experienced industrial nurses to act in an advisory capacity, on the lines of the superintendent health visitor, or midwife.

As a result of a recent meeting of voluntary organisations at the Ministry of Labour under Mr. Bevin's Chairmanship, a Central Consultative Committee has now been formed. This committee will function under five heads—health, juvenile, recreational, professional and general—and the College will seek representation on those sections in which its interests are specially concerned. In order to meet urgent needs the College has also indicated its willingness to arrange concentrated periods of instruction for nurses working in ordnance factories, where their services are now in great demand.

A DUAL APPOINTMENT

Through the co-operation of the Provincial Department of Health of Ontario, the School of Hygiene of the University of Toronto and the Rockefeller Foundation, there has been made possible the further development of teaching facilities for public health doctors and nurses in this Province. Dr. William Mosley has been appointed to give direction to this work and Miss Eleanor Wheler, to assist him. Miss Wheler's long experience in the rural field, as part of a strong general equipment, will facilitate the establishment and growth of a piece of work which will not only improve provincial field work facilities of both the School of Hygiene and the School of Nursing, but will bring more close ly together the medical and nursing groups. Miss Wheler's appointment will be a dual one in the School of Hygiene and the School of Nursing of the University of Toronto; she is a graduate of the School of Nursing of the University of Toronto and of the School for Nurses of the Toronto General Hospital. — F.H.M.E.

STUDENT NURSES PAGE

Nursing Care in Typhoid Fever

MARGARET MCDERMOTT
Student Nurse

School of Nursing, University of Alberta Hospital

This is the case of a twelve-year-old half-breed girl, Bessie, who was admitted to hospital because she had been at home from school on an Indian Reserve for the past six months, and was not well. For three days prior to admission she had had severe abdominal pain, the first attack being followed by a convulsion and unconsciousness. The following day she felt hungry, but vomited the food given; this was associated with "pain in the stomach". Her bowels move several times daily, but no description was obtained of the stools.

The history given by the mother was of little value; accurate accounts of the symptoms could not be obtained. She evidently did not consider the death of a son one week before of sufficient importance to report. The cause of his death was undetermined, but from the meagre description it is believed to have been pneumonia. On admission Bessie's colour was poor, lips bright red, skin hot, although she complained of being chilly. Her hands were constantly held over her abdomen and her knees were drawn up, her tongue was coated and her throat inflamed. Her temperature was 104.8°, the pulse was 124, and respirations were 24.

Bessie was admitted to a medical ward, and as her condition was undiagnosed, and because of the susceptibility of her age to communicable diseases, she was put on strict isolation precautions. During the first week, her temperature fluctuated between 105.4° and 102°, with corresponding pulse and respiratory rate. When the temperature rose above 103° and she became restless, temperature sponges were given which soothed her considerably; following these treatments her temperature dropped several degrees and she would sleep. Bessie was quite irrational at times, and attempted to get out of bed. She was nauseated and vomited frequently, and had loose involuntary defecations. In her more restful moments she complained of pain in the abdomen, and distention became more marked. Cleansing enemata were given, and by clearing the intestinal tract the distension was relieved. Special care was given to the back, as the child was very thin and there was danger of pressure sores. Care was also taken of the mouth and lips, as Bessie vomited a good deal and constantly picked at her nose and lips making them bleed. Owing to the gravity of her symptoms she was placed on the dangerously ill list, which gave special visiting privileges to her parents and the clergy.

During the next few days, several tests and treatments were performed to determine her condition. Blood was sent to the laboratory for culture and a Widal test confirmed a diagnosis of typhoid fever. Just prior to this discovery she was transferred to a room in the children's department.

The typical symptoms of typhoid vary from week to week as the disease progresses — persistent high fever with relatively high pulse rate, lassitude and malaise, diarrhoea, anorexia, abdominal pain, coated white dry tongue, confusion, restlessness, and delirium when fever runs high, rose spots on the abdomen, enlarged spleen, tympanites, abdominal tenderness, and loss of weight. Most of these symptoms were present during the first few weeks of her hospitalization, but the rose spots were not noticed; this may have been due to the swarthy skin of the Indian race. The white cell count is usually low in typhoid, with a vast increase in lymphocytes; this feature became evident as the course of the disease progressed. A urinalysis at this time showed the presence of acetone and albumin; this indicated moderate toxemia.

The diet that Bessie was given at first was high caloric fluids, and was taken very well — about 140 ounces in 24 hours. Extra care to the back became necessary as she was having frequent liquid involuntary stools, and was voiding large quantities of urine. For restlessness she was given elixir of triple bromide minims 20, in the evening, and when necessary, during the day. During the third week, signs of ulceration of the bowel became evident, she was more irritable, temperature and pulse rose rapidly, abdominal pain became severe, and she was haggard-looking. The stools were brick red at times but no mucus was found. Temperature sponges were again regular treatments, and at first she cried a great deal, thinking these to be 'Indian medicine', but with gentle persuasion she allowed the treatment to be continued. I encouraged her to count the strokes with me as I sponged, and when I did her back she became quiet, and would soon drop off to sleep for several hours.

It became increasingly difficult to persuade her to take the required nourishing fluids. She tolerated only tomato juice and milk, and for a week her diet consisted of about 20 ounces of tomato juice, and 70 ounces of milk and cream with lactose daily. She vomited a good deal and complained of headache; an ice bag at her head gave some relief. There were traces of blood in the stools at this time showing that there was considerable ulceration, the complication of which is either perforation of the bowel with resulting peritonitis, or hemorrhage due to the corrosion of blood vessels in the walls of the bowel. The signs for which we watched carefully at this time were, first — the sudden cry caused by severe pain in the abdomen, followed by a period of quietness and the onset of peritonitis, this being the picture of perforation; second — those of internal hemorrhage — rapid thin and thready pulse, rapid drop in blood pressure, sighing respiration, and ashen colour.

In the sixth week of Bessie's illness, her temperature began to drop by lysis the highest during each 24 hours being a degree or more less than the preceding day, the lowest being about normal. Her general condition showed marked improvement and she took her high caloric fluid-soft diet very well.

On Christmas Day, amid the excitement of a children's ward, Bessie gave us the first long-watched-for signs of returning to normal. She was given a beautifully dressed china doll with a complete wardrobe, which occupied much of her time and interest through-

out her convalescence. Every routine through which Bessie went, so went the doll. Gradually her temperature and pulse settled into a normal course, and, without further complications she proceeded toward recovery. It became difficult to keep her amused and happy, but we were occasionally able to read her short stories, and help her change the doll's clothes. She was allowed up in a wheelchair, took fastidious delight in her appearance, and every day she would have a bright-coloured ribbon about her coal-black hair. The other children came to her door and talked with her, and this increased her interest in her environment, and aided in her recovery.

After three specimens of stool were returned from the laboratory negative for the presence of the typhoid bacillus, Bessie was no longer considered infectious, but because she was on a children's ward, continued precautions were considered advisable until she was discharged. Because of the susceptibility of Indians to tuberculosis, Bessie was given a Mantoux test before her discharge. It was negative, which indicated that Bessie was not a tuberculosis contact. Had the test been positive, indicative of some infection, either active or dormant, further investigation would have been made to ascertain the activity of the infection.

Without further delay, Bessie was discharged. To insure that she had sufficient milk throughout her convalescence, the municipal relief department allowed an extra supply for her benefit. This department was also instrumental in providing warm clothing at her departure.

The nursing difficulties encountered during the course of this disease were the forcing of fluids, the supplying of sufficient calories to meet her needs, and the observance of the isolation technique so as to protect the other children.

WANTED

Thoroughly experienced superintendent required for a modern sixty bed hospital. All graduate staff at present, but should be able to handle training school. Salary $1380. per annum with maintenance. Duties to commence September 16, 1940. Applications stating age, experience, and references should be addressed to:

The Secretary, Prince Rupert General Hospital,
P.O. Box 219, Prince Rupert, B.C.

WANTED

A combined Laboratory and X-ray Technician. A trained nurse is preferred. Apply, stating qualifications and salary, to:

The Superintendent,
Trail-Tadanac Hospital,
Trail, British Columbia.

NEWS NOTES

ALBERTA

EDMONTON:

Edmonton General Hospital:

On June 12 the opening of the magnificent new building of the Edmonton General Hospital took place with appropriate ceremony. The Lieutenant-Governor of Alberta, Hon. J. C. Bowen, who officially opened the building was received by Rev. Sister Fortin, Mother Superior, and Rev. Sister Casey, provincial superior of the Order of the Grey Nuns. Senator Blais, chairman of the hospital medical board, and Mr. H. Martin, chairman of the advisory board, were present. The new structure combines the best features of several modern hospitals in Eastern Canada and the United States and is joined to the older sections of the hospital by tunnels. It provides accommodation for the following services: operating rooms; obstetrical department; surgical wards; and excellent accommodation for private patients.

The Alumnae Association of the School of Nursing has furnished a very comfortable private room for the use of sick nurses. The furniture is in a soft greenish gray with peach and green drapes. At the opening ceremony, Mrs. Ross McKee, president of the Alumnae Association, assisted by Miss E. Beitsch and Miss A. Mitchell, were in charge of the nurses who guided the many visitors through the hospital. The members of the Association also assisted in serving refreshments in the afternoon and evening to many of the eight thousand people who took this opportunity of inspecting the new hospital.

CALGARY:

Calgary General Hospital:

Miss Julia A. Murphy, who received her training in Saint John, New Brunswick, and who has been supervisor of the operating room at the Calgary General Hospital for over thirty years, has now retired. The many graduates of the Calgary General Hospital will always feel deeply grateful for the thorough and efficient training received under Miss Murphy's supervision. Miss Bella MacKay, who graduated from our own hospital in 1936, is her successor.

On the evening of June 27, during the Canadian Nurses Association convention, members of the Calgary General Hospital Alumnae Association were entertained at the Hospital. This afforded us all a wonderful opportunity to see the changes and improvements in the hospital and nurses' home as well as to enjoy a grand reunion.

LETHBRIDGE:

Miss Ann Fallis, instructress of nurses at the Galt Hospital, attended the C.N.A. Biennial Convention in Calgary.

Married: Recently, Miss Constance M. Haibeck to Mr. John Randolph Galt. Miss Haibeck has been a stewardess with the Trans-Canada Air Lines for the past year.

Married: Recently, Miss Margaret R. Spratt to Mr. Ralph T. Erdman.

Married: Recently, Miss N. C. N. McKinney to Mr. Tom Strain.

Married: Recently, Miss Patricia V. Campbell to Mr. Daird Conn Van Horn.

Married: Recently, Miss Hazel Elcote (Galt Hospital, 1939) to Mr. Jack Keys.

Married: Recently, Miss Helen A. Tufford to Mr. Richard W. Broderick.

MANITOBA

WINNIPEG:

Children's Hospital:

A very successful tea was held recently for which Miss Marion Smith and Mrs. A. E. Deacon were the conveners. Miss Betty Irvin is taking a post-graduate course in surgery at the Winnipeg General Hospital. Miss Jean Montgomery has accepted a position in St. Luke's Hospital, Duluth, Minn.

Married: Recently, Miss Margaret Campbell to Mr. Vernon Charles White.

Married: Recently, Miss Lorene Birt to Mr. Barry Simpson.

Married: Recently, Miss Jane Brock to Mr. T. M. Kay.

Married: Recently, Miss Anne Murray to Mr. Charles Keith Muir.

Married: Recently, Miss Reaveley James to Dr. Russell McManus.

NEW BRUNSWICK

MONCTON:

Married: Recently, Miss Laura Exelda

Richard (M.H.T.S., 1934) to Mr. John P. Bourgeois.

Married: Recently, Miss Gene Muriel Lunn (M.H.T.S., 1937) to Mr. Reginald Graham Hills.

Married: Recently, Miss Mary Christine MacMillan (M.H.T.S., 1937) to Mr. George Maynard.

SAINT JOHN:

The last regular monthly meeting of the season of the Saint John Chapter, N.B.A. R.N., was held recently at the Saint John General Hospital with the president, Miss Florence Coleman, in the chair. Miss Bernetta Vye thanked the chapter members for their co-operation during her term as registrar and extended best wishes to Miss Jane Thorne, her successor. The wool committee, of which Miss Alice Carney is convener, reported that a large number of garments had been sent to the Red Cross since the last meeting.

Miss Regina Reid and Miss Marion Fillmore were appointed delegates to the annual meeting which is to be held in Moncton in September.

Miss Margaret Murdoch, convener of the nominating committee, read the slate of officers prepared by the committee for the annual meeting. Following the business session, Miss Edna McQuade gave an interesting talk on general nutrition.

At the close of the meeting a silver entrée dish was presented to Miss Bernetta Vye, retiring registrar, whose marriage is taking place shortly.

Saint John General Hospital:

The Saint John General Hospital School of Nursing's fiftieth class of forty-three nurses graduated recently with impressive exercises. Dr. E. C. Menzies, superintendent of the provincial hospital, and Dr. H. A. Cody addressed the graduating class, following congratulations by Dr. W. W. White, chairman of the hospital board. Archdeacon Cody led the graduates in repeating the Florence Nightingale pledge. Diplomas were presented by Dr. White and the graduates received their pins from Miss Margaret Murdoch, superintendent of nurses. Following the exercises a reception was held in the nurses residence.

The Alumnae Association recently entertained the Class of 1940 at a dinner, dance, and bridge.

Married: Recently, Miss Bernetta J. Vye (S.J.G.H., 1927) to Mr. R. L. Corbett.

Married: Recently, Miss Greta Muriel Stanley (S.J.G.H.) to Mr. Carl Robert Mealey.

Married: Recently, Miss Elva White (S.J.G.H., 1929) to Captain Matthew W. Garnett.

Married: Recently, Miss Doris Wolfe (S.J.G.H., 1939) to Mr. John Wilson.

St. Joseph's Hospital:

St. Joseph's Hospital training school for nurses recently held their graduating exercises when a class of sixteen received their diplomas from His Excellency, Most Rev. P. A. Bray, C.J.M., Bishop of Saint John. Councillor E. R. W. Ingraham, representing the Mayor, extended congratulations from the citizens, and R. G. McInerney, M.L.A., addressed the graduating class. Dr. Nugent led the graduates in repeating the Florence Nightingale pledge. The Class of 1940 was entertained by the Alumnae Association at dinner.

ST. STEPHEN:

At a recent meeting of the local chapter, N.B.A.R.N., held at the home of the president, Miss Aldana Leland, it was decided that the sum of $1000. be collected by the nurses to be used for Red Cross Hospital supplies and equipment. Each member of the Association is to collect $25. if possible.

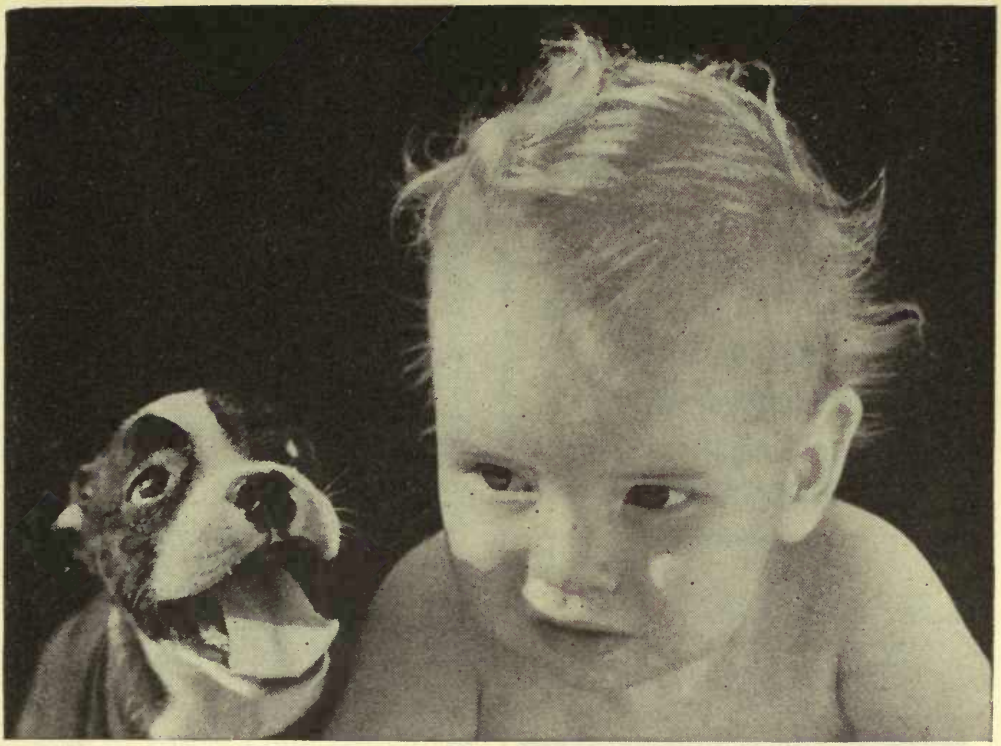
At the close of the meeting a vote of thanks was extended to Miss Leland for her hospitality and delicious supper.

Miss Betty Paul and Miss Jennie Babis, staff nurses of the Grace Hospital, Cleveland, are enjoying vacations here.

Miss Gertrude McCulloch, assistant superintendent, Chipman Memorial Hospital, is spending her vacation in Western Canada.

Chipman Memorial Hospital:

At the annual meeting, the following officers were recently elected to serve during the coming year by the Alumnae Association of the Chipman Memorial Hospital: President, Mrs. Merle Gibson; first vice-president, Miss Estelle Gibbon; second vice-president, Miss Myrtle Dunbar; secretary, Miss Aldana Leland; treasurer, Mrs. Cedric Dinsmore; directors: Miss Annie Spinney, Mrs. George Clayland, Miss Myrtle Dunbar, Miss Florence Cunningham; committees: entertainment: Miss Myrtle Dunbar, Mrs. Harry Short, Miss Estelle Gibbon; visiting: Miss C. M. Boyd, Mrs. Charles Anderson; refreshment: Mrs. C. F. McGarrity, Miss E. Gibbon; nominating, Miss C. Boyd.



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REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA
(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held September 17th, 18th, and 19th, 1940.

Names of Candidates for this examination must be in the office of the Registrar not later than August 17th. 1940.

Full particulars may be obtained from:

HELEN RANDAL, R.N., REGISTRAR
520 Vancouver Block Vancouver, B.C.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Fall examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on October 28th, 29th, and 30th, 1940.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by September 30th, 1940.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about December 9th, 1940.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar,
Suite 1019, Medical Arts Bldg.,
1538 Sherbrooke St. West, Montreal.

ONTARIO

District 1

London:

St. Joseph's Hospital:

This year marks the Golden Jubilee of St. Joseph's Hospital, London, Ontario. This Hospital, which now has a capacity of 325 beds, was opened in the year 1890, then having a capacity of only 25 beds. Between the years 1892 and 1931 the Hospital was enlarged to its present capacity with the addition of new operating rooms, obstetrical and pediatric departments, diet kitchen, nurses' dining room, and laboratory facilities. There is also a spacious Chapel seating two hundred.

In 1938 the new X-ray department was added and is now recognized as one of the best in Western Ontario. In addition there are physiotherapy, electrocardiography, and out-patient departments. The nurses residence, which was built in 1927, stands four storeys high, and has 92 single bedrooms with running water. On the main floor there is a spacious reception room, furnished by the Alumnae Association, a library, the office of the directress of nurses, two well-lighted classrooms, and a demonstration room. The basement contains a diet kitchen, auditorium, well-equipped science laboratory, and a recreation room. In 1939, the Alumnae Association re-decorated and furnished the graduate nurses dressing room which is also housed in the basement. The comfort of the students has been taken care of by the provision of several baths and showers on each floor.

To celebrate this Jubilee the Alumnae Association arranged a re-union from June 24 to 26 of all the graduate nurses. To commemorate this event, special committees were appointed to provide entertainment as well as the billeting of the out-of-town guests.

On Monday, June 24, a dance and banquet was held to honour the Class of 1940, and to commemorate the Golden Jubilee. Representatives from the medical profession were honoured guests as well as representatives from Victoria Hospital, Ontario Hospital, Queen Alexandra Sanatorium, and Western University with which the Hospital is affiliated. Dr. C. C. Ross, whose subject was "After Fifty Years", was the guest speaker of the evening.

On June 25, a special Mass was held in the Hospital Chapel for the graduates and Sisters, following which the nurses were the guests of the Sisters of the Hospital at breakfast. In the afternoon, a garden tea was held on the spacious grounds of the Hospital. In the evening all the graduates up to and including the year 1930, attended

a dinner held in their honour at the Highland Country Club. On Wednesday afternoon a picnic on the grounds of Mount St. Joseph terminated this gala event.

The School boasts 820 graduates in all, and more than 300 attended the re-union, some coming from San Diego, California; New York; several from Detroit and Pontiac, Michigan; and many from Toronto and Ottawa.

SARNIA:

The Alumnae Association of the Sarnia General Hospital recently entertained the graduating class of 1940 and the ex-graduates to an informal dinner. Mrs. Mary Elrick, acting as mistress of ceremonies, introduced the Class of 1940. A toast to the King was given by Miss Bessie McFarlande and the toast to His Majesties Forces was given by Miss O'Malley. The toast to the Alma Mater was given by Mrs. I. Walker, to which Miss Myrtle Thompson replied. The toast to the Alumnae Association was given by Miss McPhedran, to which Miss MacLean, president of the Alumnae Association, replied.

Miss Shaw, superintendent of nurses, addressed the graduating class, and Miss Durant, of the Class of 1940, responded. Messages were read from absent members, and the marriages were read by Miss Violet Parker.

Following the dinner the student body of the Sarnia General Hospital entertained the graduating class at an informal dance.

Married: Recently, Miss Bernice Sutherland (S.G.H., 1937) to Mr. Don Austen.

DISTRICT 5

TORONTO:

Toronto East General Hospital:

The graduation exercises of the Toronto East General Hospital were held recently, with Mr. W. S. Giles presiding. The graduating class was presented by Miss Ella MacLean, superintendent of nurses. The class, of which there were fifteen, was addressed by Lieut. Col. George A. Drew.

Prizes and scholarships were won by Miss Katie Beaton, Miss Amy Watts, Miss Dorothy Golden, Miss Mary Strongitharm, Miss Mary Davison, Miss Margaret Purvis, and were presented by Mr. Joseph Harus, M.P. Following the graduation exercises a delightful reception was held on the hospital grounds.

DISTRICT 8

OTTAWA:

Ottawa Civic Hospital:

Miss Evelyn Pepper, Miss Dorothy Dent,

New Editions

Brookes & Castile—Textbook of Surgical Nursing,
2nd Ed. 663 pages; 235 illus. $4.00

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4th Ed. 551 pages; illustrated. $3.25

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3rd Ed. 365 pages; illustrated. $3.35

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SUN LIFE OF CANADA

Montreal.

and Miss Ida Burkholder have recently been appointed as Nursing Sisters with the R.C.A.M.C.

Married: Recently, Miss Mavis Moore (O.C.H., 1939) to Mr. Dalton Mackey.

Married: Recently, Miss Gwendolyn Church (O.C.H., 1939) to Mr. Russell Berndt.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Martha Batson, and Miss Agnes Tennant attended the biennial meeting of the C.N.A. which was held recently in Calgary.

Miss Isobel McConnel (M.G.H., 1925) who is engaged in the Presbyterian Mission Hospital in Jobat, India, is at present in Canada enjoying a well-earned furlough.

Mrs. Lawrence Fisher is in charge of the voluntary groups at the Central and Western Divisions which are actively engaged in making dressings for the Red Cross.

Married: Recently, Miss Jean Robertson (M.G.H., 1939) to Mr. John Dunfield.

Married: Recently, Miss Irene Parker (M.G.H., 1930) to Dr. Phillip Rowe.

QUEBEC:

Jeffery Hale's Hospital:

The graduation exercises took place recently in the nurses residence. The prize for general proficiency was won both by Miss Warren and Miss E. Taylor. The Rev. Hesketh was the speaker, the pins being presented by Mrs. R. Strang, and the diplomas by Mr. J. T. Ross.

The Alumnae Association entertained the graduating class at dinner, the speaker being Miss J. Macdiarmid. The graduating exercises closed with a dance the following evening.

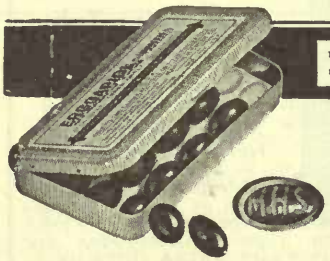
A tea was given by Miss N. Mackenzie, and a crystal shower by Miss Lunam in honour of Miss D. Anderson, instructress of nurses, who has resigned from the staff to be married.

Miss Margaret Green (J.H.H., 1935) has been called to military service at Cogswell St. Military Hospital, Halifax, N.S.

Married: Recently, Miss F. Ascah (J.H.H., 1919) to Mr. E. Horner.

Married: Recently, Miss M. MacQuarrie (J.H.H., 1940) to Mr. Clifford Thorn.

Married: Recently, Miss M. Elliott (J.H.H., 1938) to Mr. H. Feeney.



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Past President Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.
First Vice-President ..... Miss Elizabeth L. Smellie, 114 Wellington Street, Ottawa, Ontario.
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Honourary Secretary ..... Miss Kathleen I. Sanderson, 1105 Park Drive, Vancouver, B.C.
Honourary Treasurer ..... Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association:* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University Hospital, Edmonton; (3) Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary; (4) Miss Florence J. Thomas, 617-14th St. S., Lethbridge.

British Columbia: (1) Miss M. Duffield, 1675 10th Ave., W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital, Vancouver; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver

Manitoba: (1) Miss Evelyn Mallory, Children's Hospital, Winnipeg; (2) Miss E. McDowell, Winnipeg General Hospital; (3) Miss F. King, Ste. 9, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, 561 Des Meurons St., St. Boniface.

New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Mary Peter, St. Joseph's Hospital, Glace Bay; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Frances Brown, Wolfville.

Ontario: (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss N. M. Dulmage, Toronto General Hospital, Toronto; (3) Miss G. Ross, 15 Queen's Park Cresc., Toronto; (4) Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto.

Prince Edward Island: (1) Miss Ina Gillan, 227 Kent St., Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss Ruth Ross, Summerside; (4) Miss Mary Devereau, New Haven.

Quebec: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2) Miss M. Batson, Montreal General Hospital, Montreal; (3) Mlle A. Martineau, Dept. of Health, City of Montreal; (4) To be appointed.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss May E. Reid, St. Paul's Hospital, Saskatoon; (3) Miss Myrtle E. Pierce, Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave. N., Saskatoon.

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Registered Nurses Association of British Columbia

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MANITOBA

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Regina Registered Nurses Association

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BRITISH COLUMBIA

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A.A., Glace Bay General Hospital, Glace Bay

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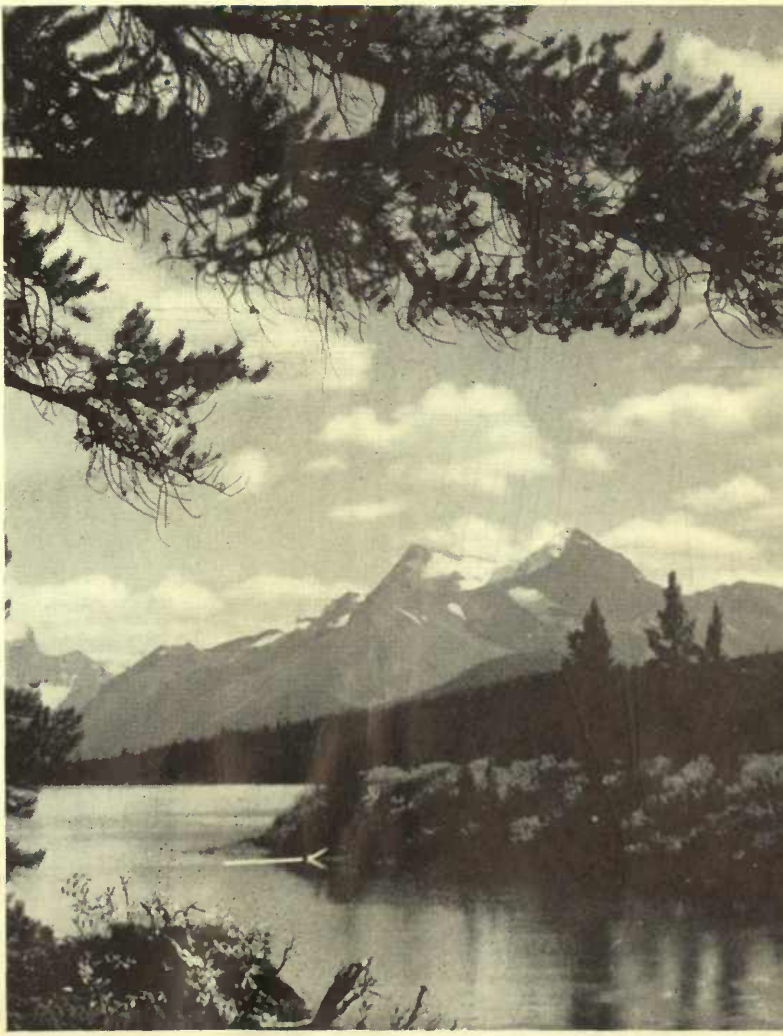
Special Convention Number



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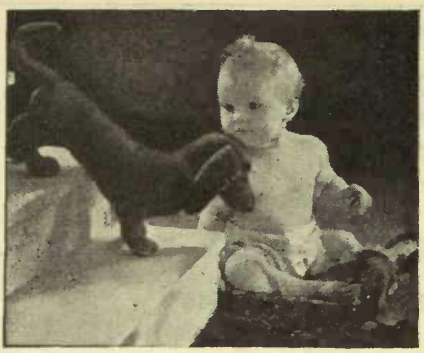

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-SIX *NUMBER NINE*

SEPTEMBER, 1940

Where Do You Begin?

When you settle down to read the *Journal*, where do you usually begin? Do you idly turn the leaves until you see a title or a picture which intrigues you—or do you look at the table of contents and choose deliberately? Although there is much to be said for browsing, we do believe that this month it might be well to begin by getting a general idea of what this "special convention number" is all about. Its primary purpose is to give the text of the stimulating reports, presented at the biennial meeting of the Canadian Nurses Association, and covering the manifold activities carried on by its senior officers and its numerous committees. You will also find the inspiring addresses, which enlivened the sessions, placed beside the reports to which their subject matter is related. There is a much closer relationship between them than appears at first sight, and if you sternly resolve not to skip the reports we predict that you will get far more out of the addresses.

If you were a delegate, and are now preparing your report, you may find it helpful to glance through the following brief summary. At the very beginning, the address of the President naturally takes pride of place. Miss Fairley spoke with deep feeling of the national crisis which cast a shadow of tense anxiety over the meeting, but in every line expressed her firm conviction that Canadian nurses will prove worthy of the British tradition of which they are the inheritors. She also made brief mention of some of the major problems which were to be deliberated upon, and thus gave the necessary direction for orderly discussion at subsequent sessions. Next comes the thrilling threefold challenge of Dr. Vibert Douglas which, even in cold print, retains the thrilling quality that those who heard it will not soon forget. Could there be a better creed to live by in dark and difficult days? Let us hold fast to it.

The reports of the Honourary Sec-

retary, Miss Kathleen Sanderson, and the Executive Secretary, Miss Jean Wilson, deserve careful reading because they afford a clear and comprehensive summary of the activities of the Canadian Nurses Association during the past two years. Next we come to the report of the national Committee on Education and to the presentation of the Supplement dealing with the improvement of nursing education in the clinical field. Under the caption of "A classic in education", the President of the Canadian Nurses Association graciously expresses our gratitude to Miss Lindeburgh for this valuable addition to the Curriculum. This tribute is followed by a general review of the Supplement and by Miss Gertrude Hall's masterly analysis of its administrative aspects. Subsequent issues will contain comments from other points of view.

The direct relationship of reports to addresses is admirably demonstrated by the manner in which the report of the committee on eight-hour duty, prepared by Miss Kathleen Ellis, dovetails into Mrs. Rex Eaton's eminently sane and courageous presentation of a lay woman's point of view on the same subject. In times of storm and stress there is always a tendency to exploit the willingness of nurses to serve beyond the limits of their health and strength. Here is a wholesome corrective.

Although it may seem that the Florence Nightingale Memorial, with its plan for an international School for Nurses, can have little meaning now, there are "Old Internationals" all over the world who, like Bianca Beyer and her fellow students in Canada, will cherish and guard the flame. Read her vivid story and then study the reports. Do they not complement and explain one another? Space will not permit extended reference to other valuable reports, and only brief mention can be made of those presented by the conveners of the newly named Sections. The summaries of the reports of the Provincial Associations must not be overlooked. Here are the many coloured threads out of which the fabric of the Canadian Nurses Association is woven.

Every bond which helps to promote national unity is worth strengthening in times like these. This issue of the *Journal* is, in itself, direct proof that the nurses of Canada have excellent leadership, good organization, and a clear purpose. Let us move forward together.

GOOD TEAMWORK

In the August issue of the *Journal*, reference was made to the excellent work done by the Canadian Nurse Committee of the Alberta Association of Registered Nurses under the direction of its capable convener, Miss Violet Chapman. In between the sessions of the biennial meeting, she and her associates were always ready and willing to answer questions about the *Journal* and to explain the striking exhibit prepared under the joint auspices of the Canadian Nurse Committees of the Association of Registered Nurses of the Province of Quebec and the Registered Nurses Association of Ontario. This exhibit proved so interesting that requests for information have been received from other provinces concerning its preparation and cost. An article on this subject is now in preparation and will appear in an early issue.

The President's Address

GRACE M. FAIRLEY

At this, the opening of the Twentieth General Meeting of the Canadian Nurses Association, I shall address you briefly. I have no title for my message, but I will endeavour to give an account of my stewardship for the past two years. It is well that we do not know what lies ahead. These have been strange years since we last met—strange and varied. Have we not experienced a national crisis with the consequent relief and heart-felt gratitude when it passed? The joy of a visit from Their Majesties —how I hope you all saw them! Then we were plunged into war, and even at the time of writing much may happen in the intervening days ere we meet.

Both in September, 1938, and September, 1939, the Association had to accept much responsibility, and one is grateful that our profession—a profession of Service so much needed at this time—is organized, and has the confidence of those who are likely to need our services. During the 1938 crisis, all members who were free from home responsibilities were urged to enrol for national service in order to avoid undue pressure should the need arise. This request was not altogether heeded, and the thing we had tried to avoid did happen—undue and unnecessary pressure when offices, both national and provincial, were already carrying heavy loads. Our members were anxious to offer their services at the first announcement of hostilities, and in a not unnatural excitement telephone, telegraph, and airmail facilities were all kept busy.

Doubt was expressed from many sources as to whether the Joint Enrolment, that had been built with such care, would be utilized by the Department of Militia and Defence or not. In some localities there was probably cause for these anxieties and questionings; but I must assure you now that, as the weeks passed and conditions became more normal, the relationship between the Department of Militia and Defence, the Director General of Medical Services, and this Association have been much more satisfactory than at any previous time in the history of the Canadian Nurses Association. The lists of enrolled nurses, as sent by the Red Cross to the Director General of Medical Services, have been sent to the various District Medical Officers, and we have reason to feel that they are being used. The appointments, of course, are made by the District Medical Officers at present, and, I think, in most provinces the lists are being conscientiously adhered to.

We have all regretted the delay in appointing a Matron-in-Chief, as we feel the entire profession will have greater confidence when army nursing policies are in the hands of a member of the profession. At the very outset of the war, your Executive urged such an appointment, but as you know medical units have not been sent overseas in any great numbers so far, and that may have been the reason for the delay of this important appointment. One could wish that a nurse who has the confidence of the whole profession would be included in the permanent personnel of the Militia Department.

(Since this address was given, the appointment of the Matron-in-Chief has been announced and received with particular satisfaction by the membership at large of the Canadian Nurses Association. —G.M.F.)

Probably the most satisfactory arrangement was that our First Vice-Presi-

dent (whose office fortunately is in Ottawa) acted as liaison officer between the Director General of Medical Services and the Canadian Nurses Association. This appointment was made in September, 1939, and I am glad to say that when the present Director General of Medical Services took office, he welcomed the continuance of this arrangement which, from our standpoint, has been most satisfactory. Numerous conferences have taken place, and much correspondence exchanged with the Canadian Red Cross. Naturally there were many problems; these will be dealt with in a special report.

Now, I would like to discuss the happier side of the past two years' activities. I was privileged to visit three of the provinces during their annual meetings, and was profoundly impressed with the sincere efforts made by all officers to maintain existing standards, and develop programs of the most progressive and ambitious type. I was conscious that my stay was too brief to have been of any value, but I was struck afresh with the "common-ness" of our problems—the need of the formation of districts, in order to keep in closer touch with the more isolated parts of the provinces; the desirability of refresher courses; the place we must create for the general duty nurse within our organization; what must be done to put the suggested curriculum into effect in the schools. All these were discussed in each province, and emphasis was placed on the part that the profession could play in the community or in giving better service to the patient. We have travelled a long road. Those of us who can look back a quarter of a century in professional organization life can remember when we did not face our problems in the frank, critical way we do today.

Those who attended the biennial meeting at Saint John in 1932 may remember Mr. Massey's words, when discussing the *raison d'être* of the Survey. He said that we wanted "to see in what manner the profession may equip itself even better to serve the community" and added, "I am glad to see Canadian nursing approached as a national problem." We have approached it nationally, and it is to the great credit of our National Committee on Education and its conscientious convener, as well as all the Sections and other Committees which have participated in this progressive effort, that we find ourselves plodding towards our goal with very definite success. The various reports will give you some idea of the work accomplished by these Committees—I sometimes wonder if the rank and file of the profession realizes how much time these women give to our provincial and national organizations. I would like to think they do, and I would like to feel that the Committees know that we appreciate their labours.

What of the future? The months that lie ahead will make great demands of us all, whether our duties lie at home or overseas. I know that the fact that we are members of the Canadian Nurses Association — *that we are Canadian Nurses*—will mean that we will give our best to the Dominion and to the Empire.

I have been thinking aloud this afternoon, and I will finish by reminding you of dear Mr. Chips' message to his boys: "Give your enthusiasm to Brookfield, and Brookfield will give you something in return". Our Brookfield is the Canadian Nurses Association.

A Threefold Challenge

ALICE VIBERT DOUGLAS, M.B.E., PH.D.

"Life is a struggle in which something is eternally gained". It was William James, the philosopher and psychologist of a generation ago, who made this dual statement of fact and of belief. It is a fact that life is a struggle; no one gets very far along the road of life without becoming aware of the truth of this statement. Furthermore it is also a fact that without some form of struggle, some outpouring of effort, life would lose much of its richness and value. *Grandescunt aucta labore* is the motto of one Canadian University; a free translation is this: they who have already attained much, increase their stature only by further effort. It seems to be a universal law of nature that growth and development come only as a result of effort and struggle. The great promises are "to him that overcometh".

When we apply ourselves to the task of training for some particular profession, the goal of our ambitions is not attained without much hard work and weariness of flesh and mind but in the effort there is great reward. I speak to you as one who admires your profession, who looks with respect and admiration upon every trained nurse devoting herself unselfishly and unsparingly to the alleviation of human suffering. It is a noble calling and surely one of the very highest. In moments of self-flattery I sometimes call myself a half-trained nurse. I value tremendously all that I have learned of nursing, most of which came to me incidentally as part of the struggle and discipline of life as years have come and gone in my experience. I have watched nurses in action in the home, in military hospitals in London in the Great War, and during this last year almost daily as I kept an eye upon the students of one of our Canadian Universities who had to go into hospital for surgical work or illness or accident.

What is the ideal training for a nurse? How much more should she be taught than is at present customary? Within your own ranks, there are those who have been asking what is the ideal and what is the practically possible syllabus of training that the nurses of Canada from coast to coast may rank second to none in the civilized world. I have been studying your Proposed Curriculum, and I pay my tribute to the foresight and wisdom and courage of those who recognize the need for a sound training founded upon a good basic knowledge of chemistry, physics, physiology and bacteriology.

Last winter, I read the autobiography of an American physician who expressed the hope that nurses would remain the glorious helpers that they are and not try "to become half-baked doctors" as he put it. One can see the point of such a remark, but it is very easy to misinterpret and misconstrue such a statement. It does not mean that a nurse should be less intelligent, less aware of the scientific principles underlying the treatment which she administers. It does not mean that you are to repeat the platitudinous remark "a little knowledge is a dangerous thing", and then sit back feeling assured that ignorance on the part of the nurse is bliss for the nurse, for the patient and for the doctor. A little knowledge is a dangerous thing only when the possessor of that small amount of knowledge fails to realize that it is only a small amount, and that the part is never equal to the whole.

Ever since I began to study geometry at a fairly early and very impressionable age, I have had a tremendous admiration for Euclid. I think that great Greek geometer, who lived more than 200 years B.C., is still one of my heroes. He it was who laid down as one of the basic principles of logical thought that "the whole is greater than the part". As long as we remember this and retain a firm grip upon our common sense, and keep our critical faculties and our imaginations alive, so long will a little knowledge be better than none, and the more knowledge you, as nurses possess the better for you and for the community you serve. If nursing is to be not only an ancient art but a modern science, nurses must have the basic knowledge to establish and recognize cause and effect, keen observa ion and the sympathetic imagination which anticipates not only the big obvious needs but the little things that make all the difference between comfort and discomfort. No mere unthinking cheerfulness and rule-of-thumb efficiency can achieve what intelligent nursing demands.

Do you ever read and smile over the masculine condescension of Ruskin? In one of his essays he discoursed upon the advisability of higher education for women and it is rather interesting to note that he did not debar a woman from classics, literature, history, philosophy or any of the sciences, so long as she did not delve too deeply! Incidentally, one subject of study he most vehemently protested that no woman should be taught and that subject was theology. I do not entirely agree with much that Ruskin wrote in this regard. I remember a quotation that made a great impression upon my mind in my undergraduate days; the author was R. L. Stevenson, and the words were to this effect: he who has wrung forth the secrets of one brand of knowledge knows more about the others than he who has tepidly circumnavigated all.

Thomas Huxley's essays on education are gloriously inspiring. In 1868 he pleaded for a liberal education for both men and women: "So far from imposing artificial restrictions upon the acquirement of knowledge by women, throw every facility in their way". He urged that education include "knowledge of the great and fundamental truths of Nature and of the laws of her operations"; he believed that every child at school should be taught the fundamentals of physics, chemistry, botany and human physiology. If this be advisable for the average child, how much more urgent is it that every woman training as a nurse, who is to work in the closest association with an essentially scientific profession, s h o u l d be thoroughly grounded in physics, chemistry, physiology and bacteriology. If your work is to be of professional standard you must wring forth the secrets of the science of nursing.

It is one of the epic stories of mankind, how science has become woven into the very fabric of almost every aspect of our civilization. Read the life of Pasteur, whom Sir William Osler called "the most perfect man who ever entered into the Kingdom of Science", and there you will find a living exemplification of the spirit of seeking and the scientific method. In him we see the trained observer collecting his facts; the active mind and inspired imagination correlating those facts and formulating a theory to cover their relationships; and the honest self-critic and doubter who then tries to disprove his own theory by experimental test and further observation, or by deduction and crucial test to confirm the theory or show how it must be modified. Further deductions, and again the question put to Nature: Is this idea right or

is it wrong? And the answer that Nature gives must never be ignored. This is the core of the scientific method. "Bow down before facts and let them speak to you", said Kepler the astronomer, and a more sublime homage to Nature and the Creator can scarcely be found. This much at least of theology every woman and every man should be taught.

The researches of Pasteur, Lister, and others revolutionised medical and hospital and nursing practice; the recent researches in metabolism and the nature of hormones are having applications and consequences whose end is not yet in sight. Only nurses with a good comprehension of the principles of chemistry can appreciate these advances and follow with intelligence and keen enjoyment the pioneer work that is going on under our eyes, feel something of the thrill of the chase as new ideas are run to earth, old mysteries resolved and new horizons revealed.

In 1917, I heard Sir Joseph Thomson, Cavendish Professor of Physics in the University of Cambridge, lecturing in the Royal Institution in London. He was the man who first investigated the electron, the smallest known particle of matter and fundamental unit charge of electricity. That was in the 1890's and the whole research appeared to be only a matter of laboratory interest with theoretical importance in atomic physics, and of no practical value in everyday life. A few years went by and then it was obvious that these electrons were not a physicist's playthings only, but that there were applications in the medical field and in engineering of great promise. Amplifiers were constructed in which the elusive electrons were harnessed to the task of so magnifying a very minute electrical current that it could be easily recorded. This had tremendously wide and important applications in wireless telegraphy; and during the Great War many devices utilizing electrons were developed.

In medical work, the first important application was in X-ray tubes where the bombardment of a metal anode by a stream of electrons gives rise to the very penetrating and chemically active X-radiation. The beta rays emitted by radium and other members of the radioactive families of elements were soon found to be streams of electrons ejected from the atoms. In the last few years, a new field of brain diagnosis has opened up by the use of very sensitive amplifying valves to magnify minute electric currents which can be detected by placing two electrodes upon the skull. The changes of voltage reveal certain patterns over a normal skull, but very erratic graphs will result if the brain is anywhere abnormal. Already the applications of this in cases of tumour or of epilepsy are important. Yet another very recent application of this branch of basic physics is the electron microscope which has a magnifying power vastly higher than any optical microscope that can be constructed.

The moral of all this is that no line of research in pure science is to be regarded as obviously and inevitably barren and devoid of practical value, and that of all heresies the worst is the heresy of finality. This is not a static universe, and the end of the growth of knowledge is not in sight. We live in a dynamic universe. We look out upon the world around us and everywhere we see motion, change, development. From stars to atoms it is the same story—motion and change. We look at your curriculum today and think it adequate to the needs of today; but tomorrow medical science will have advanced and the curriculum will have to keep pace. The nurse of today needs more scientific training than

the nurse of forty years ago, or even five years ago, and the nurse of tomorrow will need more still.

Just for this reason, it is obvious that short postgraduate courses are very much needed. The nurse who trained a few years ago should be able to come back and learn the latest methods and advances. The graduate nurse has a choice of special fields today, requiring postgraduate training. Physiotherapy as a specialist's vocation is making its place; so, too, in the field of mental hygiene and psychiatry, in pediatrics, and in the wide fields of public health, health education and medical social work there is need of the nurse with special graduate training.

Having been a teacher of physics for eighteen years, I am perhaps very specially interested in teaching as an art, and therefore it is natural that I should lay emphasis upon the importance of selecting only the best possible instructors in the hospitals and schools where nurses are trained. Select women who approximate as nearly as possible to Bacon's description of the man of science—one whose attributes include "the desire to seek, patience to doubt, fondness to meditate, slowness to assert, readiness to reconsider, carefulness to dispose and set in order—one who hates every kind of imposture". And if these be the high standards we set for the teachers, these too are the standards which we covet for those whom they teach, and for all who have gone out from the schools of nursing to continue their training in the practice of their profession.

Ideals like these are not achieved without struggle—and this brings me back to the quotation from William James with which we started—"Life is a struggle in which something is eternally gained." Something is eternally gained —do we really believe that? If we do, we can say with Paul, "I glory in tribulation also, knowing that tribulation worketh patience, and patience experience, and experience hope." Hope, one of God's greatest gifts to man, for as Voltaire so earnestly pointed out, in the face of catastrophe, calamity and the mystery of suffering all our finest philosophies fail us utterly, if we have not hope. There are eternal values, and that is why struggle has its intrinsic worth, that is why struggle even in its ultimate, anguished, tortured, apparently hopeless, aspect is not unmitigated tragedy. *Something* is eternally gained—this is a belief not easily attained nor easily held.

In closing I quote a well-loved beatitude: "Blessed are the peacemakers." Blessed are you who bring peace to troubled bodies and ease from pain, you who reduce suffering and help Nature to heal and to restore. But it is not enough that you be scientifically trained, mechanically efficient instruments of bodily healing. You must be what the Bible calls ministering spirits, ministering not to the body only. Twice blessed therefore are you who minister to both body and mind. Do you remember Macbeth's query, "Canst thou not minister to a mind diseased? Pluck from the memory a rooted sorrow? Raze out the written troubles of the brain?" In Shakespeare's day, medical opinion no doubt thought this an impossibility. Today you do not call it a hopeless task and we are very cautious about using the word impossible. Yours is the challenge to keep abreast with developments in the science of the mind, and in this field every nurse may become a research worker.

Blessed, thrice blessed, are you who minister to the body, to the mind, and to the spirit. The service you can render

to mankind lays upon you a challenge that is threefold; to minister to the body —this is the realm of a science which has its roots in far off antiquity; to minister to the mind—the realm of a science still in its infancy; to minister to the spirit—a realm far wider than all science, for the eternal things are the things of the spirit.

If we are to maintain our sanity and balance in a world of discord and strife and if we would bring peace into the troubled spirits of sick and suffering men and women, we must first be sure that in our own spirit there is joy and fullness of life, and a peace deep as the still depths of the deepest ocean, firmer than the foundations of a great mountain, wide and "spacious as the starry firmament's inescapable infinity of radiant gaze that fadeth only as it outpasseth mortal sight."

REPORT OF THE HONOURARY SECRETARY

Madam President and Members:

To prepare this brief summary of activities of the Canadian Nurses Association to present to you today, it was, of course, necessary for me to review minutes of all Executive Meetings held since the convention which met two years ago, in Halifax. Although so closely connected with our Association it impressed me greatly, on reading the minutes as a whole, to see the vast number of projects, and the breadth of interest of our organization.

Such a review also makes one realize how efficient is our set-up of Committees, so much so indeed, that, after eliminating items which would be included in various committee reports, I wondered whether there was anything left of real interest for me to tell you. However, at the risk of repetition, I selected the following items.

Executive Meetings: During the biennium, your Executive has met eight times; which is equivalent to one meeting lasting a week, for each meeting occupied a working day. The first meeting was held in Halifax at the close of the 1938 convention, with an attendance of sixteen. A full Executive numbers forty-five. The remaining seven meetings were held in the board room of the Vancouver General Hospital, which offers most convenient and comfortable accommodation. As guest of our President, the luncheon recess is always much enjoyed.

Attendance at these meetings has varied from six to nine members. On three occasions, Miss Agnes Macleod, Alberta, attended. At the meeting held in March, 1940, Miss K. Connor, convener of arrangements, was present.

We are ever cognizant of the fact that usually we are a one hundred percent British Columbia group, and should anyone of us have a "lapsus memoriae" and speak or even think provincially, there are lively reminders that we are a National Committee.

The Special Committees re-appointed for 1938-40, include:

Health Insurance and Nursing Service, convener, Miss Margaret Kerr.

Community Nursing Service Bureaux, convener, Miss Ruby Simpson.

Exchange of Nurses, convener, Miss Mabel K. Holt.

Legislation, convener, Miss Mary Millman.

Curriculum for Nurses-in-training in Mental Hospitals, convener, Miss N. D. Fidler.

Florence Nightingale Memorial (Canadian Nurses Association), convener, Miss Kathleen Sanderson.

Scholarship Award, convener, Miss M. Lindeburgh.

Mary Agnes Snively Memorial, convener, Miss Jean Browne.

National Joint Committee on Enrolment of Nurses for Emergency Service, convener, Miss Isabel McEwen.

Canadian Florence Nightingale Memorial Committee, convener, Miss Ruby Simpson.

The following are newly appointed Study Committees:

Eight-hour day for nurses, convener, Miss K. W. Ellis.

History of Nursing in Canada, convener, Miss Mary Mathewson.

Re-naming of Sections, convener, Miss M. E. Kerr.

National Field Secretary, convener, Miss Elizabeth Smellie.

National Committee on Education, convener, Miss Marion Lindeburgh.

Honours and Recognitions: Dame Ellen Musson, since 1925 treasurer of the International Council of Nurses, was created a Dame of the British Empire by His Majesty the King. Mrs. Rebecca Strong of Edinburgh, whom many of us met when she attended the International Council of Nurses in Montreal, has been made an Officer of the Order of the British Empire. Miss Jean Browne, president of the Canadian Nurses Association, 1922-1926, was, for distinguished service, presented with the Florence Nightingale Medal, awarded by the International Red Cross Committee in Geneva. Miss Kathleen Russell, Director, School of Nursing, University of Toronto, received an Honourary Degree of Doctor of Laws from King's College, Halifax. Miss Elizabeth Smellie, Chief Superintendent, Victorian Order of Nurses, and our first vice-president, was elected vice-president of the American Public Health Association, and has the distinction of being the first woman and first Canadian to hold this office.

Congratulations were sent from your Association to the South African Trained Nurses Association on the occasion of their Silver Jubilee.

Other Mat'ers of Interest:

1. Regarding the use of the abbreviation R.N., inquiry was made of the Secretary of State, Ottawa, and assurance received that the abbreviation is a correct procedure for use in Canada.

2. Increased space for the National Office was acquired at 1411 Crescent St., Montreal, on a three-year lease. Room 401 is the National Office and Room 402, the office of *The Canadian Nurse*.

3. Upon request of the International Hospital Association the Canadian Nurses Association Executive endorsed the preparation of a pageant for the 1939 International Hospital Association Congress. Acknowledgment was made of the whole-hearted way in which the Registered Nurses Association, District 5, co-operated in the project. Unfortunately, due to the war, all plans had to be cancelled. The pageant manuscript was turned over to the Canadian Nurses Association and early in 1940 your Executive granted the use of the manuscript to the Catholic Hospital Association.

4. Following unsuccessful efforts to find a convener for the committee on the religious influence in the life of the nurse, the Executive went on record as being unable to name a suitable con-

vener and asked that the Provincial Associations give careful consideration to the matter by forming committees and endeavouring to find some solution to the problem of enriching the spiritual life of both graduate and undergraduate nurses.

5. The following resolution regarding salaries was passed: "That as this is a National Organization that the highest minimum salary required under any Provincial Wages Act shall be the accepted minimum for permanent employees of the Canadian Nurses Association and *The Canadian Nurse.*"

6. Correspondence was reviewed relative to the objectionable use of the figure of the nurse for advertising purposes. Letters of appreciation were sent to Miss Matilda Diederichs of Regina for her prompt and dignified action, and also to the Woolworth Company of Regina for their understanding co-operation.

7. So that Executive members across Canada may be informed, summaries of Provincial Reports are made and incorporated in the minutes of Executive Meetings, copies of which are sent to every member.

KATHLEEN I. SANDERSON,
Honourary Secretary.

REPORT OF THE EXECUTIVE SECRETARY

At this, the twentieth General Meeting of the Canadian Nurses Association, I am privileged to present the ninth biennial report as the Executive Secretary.

Executive Committee: The first responsibility of the Executive Officer at National Office is to the governing body of the Canadian Nurses Association—the Executive Committee. It is the Executive Committee that transacts the business of the Association in the interim between general meetings. As all duties of the secretary and treasurer, as outlined in the bylaws are delegated to the Executive Secretary, the latter becomes the administrative agent for the Executive Committee.

The Executive Committee consists of forty-five members: the elected officers (5); the immediate past president; the chairmen of the national sections (Nursing Education, Private Duty and Public Health); and four representatives from each provincial Association of Registered Nurses, that is, the president, and the chairmen of the three Sections.

Meetings of the Executive Committee are held prior to and following a general meeting. It has become customary during each biennium for the Executive to meet quarterly. Attendance at interim meetings of the Executive seldom exceeds the required quorum (5 members). The call to meeting and copy of the proposed agenda are sent to each of the forty-five members. Also, notice of each meeting is sent to the conveners of committees, to the secretaries of the provincial associations and to the editor of *The Canadian Nurse.* To these interim meetings are submitted detailed reports from National Office, as well as reports from committees, the national sections, and the provincial associations. Minutes of meetings are mailed to Executive members, also a complimentary copy is for-

warded to each member of the publications committee and to each provincial secretary.

Sections: There are three Sections in the Association: Public Health Nursing, organized in 1920; Private Duty Nursing, in 1921; and Nursing Education, in 1924, by amalgamation of the Canadian Association of Nursing Education with the Canadian Nurses Association. The Sections formulate policies and programs for their respective activities and interests, all of which are referred to the Executive Committee of the Association for approval. The budget of the Association provides an annual grant to each national Section.

Following the last General Meeting a special committee was appointed to study a proposed re-naming of the sections. In March the findings and recommendations of this study committee were referred for consideration to the Executive Committee and the provincial associations prior to presentation at this General Meeting.

Each provincial association has three sections corresponding to the national Sections. Summarized reports of the provincial sections will be presented later by the chairmen of the national sections.

Provincial Associations: The Canadian Nurses Association is a federation of the nine Provincial Associations of Registered Nurses. At a later session, each federated unit will submit a biennial report.

It is gratifying to note the development of regional group organization by the provincial associations. The Provinces of New Brunswick, Nova Scotia, and Ontario adopted this plan from the time of organization. In the four western provinces, former graduate nurses associations are becoming the nuclei for the development of districts or branches of their respective provincial associations. Also, groups are being formed in areas previously without any nurses' organizations.

Following the General Meeting in 1938, among questions referred to the provincial associations for consideration was one that urged the study of ways and means of reaching nurses as they graduate from schools of nursing within their province, and of providing the necessary information relative to the provision for their future economic security. Progress made in this study will be included in provincial reports.

As there is increasing evidence of the value of the provincial membership card for identification purpose, the Executive recommended to the Provincial Associations the adoption of a uniform type of card which should contain the serial registration number and state that by provincial membership, affiliation with the Canadian Nurses Association and the International Council of Nurses is maintained.

Membership: Ten years have elapsed since the Canadian Nurses Association became a federation of the provincial associations of registered nurses. In 1930, the total provincial membership amounted to 8,038; while the present total is 16,758.

Official Representation: The Association was officially represented at the following meetings:

The Board of Directors of the International Council of Nurses, in 1939, by the President.

The annual meetings of provincial associations, in 1939, in Alberta, Manitoba, and Saskatchewan, by the President.

The annual meeting in 1939 of the Registered Nurses Association of Prince Edward Island, by the editor of *The Canadian Nurse*.

The annual meeting in 1940 of the Registered Nurses Association of Ontario; the biennial meeting of the Canadian Hospital Council in 1939 by the Executive Secretary; and the annual meeting of the American Hospital Association in Toronto September 1939, by the Executive Secretary.

International Affairs: During 1938-1939, requests for information and several questionnaires from headquarters of the International Council of Nurses received attention. Shortly after the outbreak of war, the office for International Headquarters was transferred temporarily from London, England, to the United States of America. The Quadrennial Congress, scheduled to be held in the United States in 1941, has been postponed indefinitely.

Nightingale Memorial Scholarships: Requests for application forms were received from nine nurses for the scholarship offered for the year 1939-40; three candidates completed the application forms and returned them to the Executive Secretary for consideration by the Scholarship Award Committee.

Prior to September 1939, a number of inquiries were received from nurses interested in the Scholarship for 1940-41. Upon learning that the International Courses were discontinued, announcement of the current year scholarship was cancelled. Also upon discontinuance of these courses, the Canadian Nurses Association scholarship student, then in London, was advised to return to Canada. By the time this student arrived, information on available opportunities for post-graduate study in several universities was presented to her and within a week of arrival this student was enrolled to her satisfaction.

Nurses National Memorial: A laurel wreath, bearing the name of the Canadian Nurses Association, was the sole floral decoration before the Nurses National Memorial in the Hall of Fame, Parliament Buildings, during the visit of Their Majesties King George VI and Queen Elizabeth to the capital in May, 1939.

Throughout the years since the Nurses National Memorial at Ottawa was unveiled, the Association was indebted to Miss Gertrude Garvin for her personal interest in each Remembrance Day ceremony. It is announced with regret that due to Miss Garvin's removal from the capital she is no longer able to represent the Association. In future, representation on Remembrance Day will be by (1) an elected officer of the Canadian Nurses Association; (2) the president of the Registered Nurses Association of Ontario; or (3) the chairman of District 8, Registered Nurses Association of Ontario.

National Office: In a biennial report, limited and brief reference can be made to only the varied and extensive activities by which the National Office functions as headquarters for the Association.

The constancy by which organization development progresses and expands demands a vast amount of experienced secretarial and clerical direction and work as well as the application of recognized businesslike methods in the conduct of office management. As the proceedings of this meeting are presented, the functions of the National Office will be accentuated.

The Executive Secretary acts as secretary to several special committees, also the services of headquarters staff are available for clerical assistance to all committees. In the biennium during which National Office was established there were two special committees; in the current biennium, fourteen commit-

tees have been engaged in furthering the activities of the Canadian Nurses Association, of these, six are definitely study committees. As reports of committees will be submitted at later sessions, further comment is unnecessary at present.

Nominations: The ticket of nomination prepared from nominees proposed by the provincial associations shows that each officer who served during the biennium 1938-1940 is re-elected by acclamation, consequently voting for election of officers at this general meeting is unnecessary.

Archives: A most valued addition to National Office is a letter written personally by Florence Nightingale, a gift from the President, Miss Grace Fairley. Other appreciated additions include: an autographed copy of the syllabus of the First Preliminary Course for Nurses by Mrs. Rebecca Strong, first published in 1893.

A snap-shot album, illustrating the Congress in 1937 of the International Council of Nurses, a gift from Miss Cory Taylor, one of the best amateur photographers among nurses. Miss Taylor, as the official reporter for the Canadian Nurses Association, was able to obtain photographs, the historical value of which is increased under existing world conditions. Each photograph bears an appropriate caption.

Portraits: Portraits presented to the Canadian Nurses Association which enhance the appearance and interest of National Office include autographed portraits of Their Majesties, King George and Queen Elizabeth. The generous donor of the Royal Portraits is the esteemed President of the Association, Miss Fairley.

Other portraits are those of two Past Presidents of the Association: Miss Mabel F. Hersey and Miss Jean I. Gunn, each gowned in the academic robes of Doctor of Laws, *honoris causa*—worthy recognition of these two well-known nurses by McGill University and the University of Toronto, respectively.

Publications:

1. A second printing of a Proposed Curriculum for Schools of Nursing in Canada was done in September 1938. (In addition to distribution in Canada, orders for the Curriculum were received from a number of countries, including Bermuda, China, France, Great Britain, India, Newfoundland, New Zealand and the United States of America.)

2. Chapter VII of the Proposed Curriculum, Education in the Clinical Field, was revised and printed recently as a supplement to the original publication.

3. A Guidance Pamphlet for High School Girls entitled, *Should you wish to become a Nurse*, was printed and is ready for distribution by the Provincial Associations.

4. The Report of the Survey of Nursing Education in Canada—the balance of Survey Reports was purchased by the Association following the discontinuance of the National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association. The price per copy was reduced to one dollar and an occasional copy has been sold.

5. The Constitution and By-laws, with revisions adopted at the General Meeting, 1938, were printed and distributed as customary.

Exhibit: An education exhibit was prepared for the Congress of the International Hospital Association and the annual convention of the American Hospital Association. The latter meeting was held as scheduled in September 1939 in the city of Toronto.

Approved Schools: At present the definition of an approved school of nursing in Canada must be limited to a school, the graduates of which are eligible as candidates for the examination for registration of nurses of the province in which the school of nursing from which they graduate is located. The list of approved schools was revised when, with the assistance of the provincial registrars, a certain amount of statistical data was secured. Those statistics were included in copies of the revised list as sent to (1) the Institutional Branch of the Dominion Bureau of Statistics; (2) the Department of Pensions and National Health; and (3) the Provincial Secretaries and Registrars.

Observation Itineraries: During the year 1938-39, there was an increase in the number of nurses who came to Canada for periods of observation. Itineraries planned for several nurses for the autumn of 1939 had to be cancelled. Through National Office, the Association was privileged to assist the scholarship student from New Zealand who had enrolled for the International Course 1939-40. This student accompanied the C.N.A. scholarship student on the latter's return to Canada, arriving October 15. Within a week, due to the splendid co-operation received from representative nurses in New York, Montreal, Toronto, Winnipeg and Vancouver, an itinerary covering ten weeks was completed to the satisfaction of the student from New Zealand.

An Emergency Service: A service by which the staff at National Office was able to render a new type of assistance arose shortly after war was declared. Among travellers from overseas, who desired to return home, a number experienced unfavourable psychological reactions due to varied difficulties encountered by uncertainty of scheduled departure of ships and restricted international financial regulations. In several instances representatives of transportation companies referred to the National Office for advice by which they were able to render assistance beyond customary official duties to their clients in time of extreme emergency.

Contribution to "The Canadian Nurse": Each month under the caption "Notes from National Office" there is published in *The Canadian Nurse* a summary by which it is hoped the members are able to learn something about their National Organization and its federated units, the provincial associations of registered nurses.

Personal: While the services at National Office are sought by telephone calls and interviews, the major portion of the entire service is carried on by correspondence. The average annual number of pieces of incoming mail is approximately 2,100; the outgoing, 2,400.

Office Personnel: Miss Lillian Pettigrew, Reg. N., who was assistant to the Executive Secretary for almost seven years, resigned in order to pursue university post-graduate study. Miss Helen Rorke, Reg. N., succeeded Miss Pettigrew.

On behalf of her assistant and herself, your Executive Secretary acknowledges with sincere gratitude the constant evidence of good will and support toward National Office staff by all members of the Association and especially by the President and members of the Executive Committee and the Secretaries of the Provincial Associations of Registered Nurses.

JEAN S. WILSON,
Executive Secretary.

REPORT OF THE NATIONAL COMMITTEE ON EDUCATION

The National Committee on Education, organized on a national basis, replaced the Curriculum Committee of the Nursing Education Section. The resolution whereby this change was made at the Biennial Meeting in Halifax in 1938, reads as follows: "Whereas the work of compiling the Proposed Curricuum for Schools of Nursing in Canada has been a national project, and whereas the personnel of the Curriculum Committee has been composed of members of the three National Sections of the Canadian Nurses Association, therefore, be it resolved that the Curriculum Committee of the Nursing Education Section become the National Committee on Education of the Canadian Nurses Association, and that the sub-committee of the Curriculum, known as the Committee on Records, continue to function as a sub-committee of the National Committee on Education".

The objectives of the National Committee on Education are:

To stimulate interest and secure the co-operation of all members of the Association through the three National Sections, in promoting sound standards of undergraduate and post-graduate nursing education in Canada.

To assume responsibility for the study of educational problems and to recommend adjustments which will meet the changing needs of nursing service in all fields.

To carry out any educational project which may be assigned to it by the Canadian Nurses Association.

The personnel of the National Committee on Education consists of the chairmen of the three National Sections who, together with the Convener, constitute a core committee; the presidents of provincial Associations of Registered Nurses; the conveners of Sections of Provincial Associations of Registered Nurses; School of Nursing Advisers in the provinces; the President of the Canadian Nurses Association, ex officio. The Executive Secretary of the Canadian Nurses Association acts as secretary of the Committee. The National Committee may be augmented from time to time when special projects are undertaken by the appointment either temporarily or permanently of additional members; also the employment at intervals of a paid clerical worker may be necessary. Attention is drawn to the fact that the same general plan of provincial organization as that connected with the former Curriculum Committee has been adopted; that is, provincial sub-Committee, and co-operate with the Core Comittee, and they should keep the convener informed of particular educational needs or problems which might become the responsibility of the National Committee on Education.

Three tasks have been assigned to the National Committee on Education since its organization two years ago:

A study of post-graduate courses, in conjunction with a project being undertaken by the Committee on Education of the International Council of Nurses.

The preparation of a pamphlet for circulation in high schools and colleges to serve as a guide to young women who desire to enter the nursing field.

The preparation of a supplement to the Proposed Curriculum.

May I deal briefly with each of these

tasks? At the meeing of the International Council of Nurses in London in 1937, the Board of Directors requested that the Committee on Education undertake a study to determine educational needs of graduate nurses in member countries, with the idea of preparing a guide to help these countries to establish graduate courses to meet their particular needs. Because of the large membership of the International Committee on Education, representing thirty member countries and ten associated countries, it was decided to form a small steering committee which would be responsible for carrying out this work. The personnel of this Committee is as follows: Olive Baggallay, secretary, Florence Nightingale International Foundation; Edna Moore, chairman of the Public Health Nursing Committee of the International Council of Nurses; Calista Banwarth, acting executive secretary, International Council of Nurses; Venny Snellman, Training School Inspector, Helsinki, Finland; Marion Lindeburgh, convener, National Committee on Education, Canadian Nurses Association; Effie Taylor, President, International Council of Nurses (ex officio).

This steering committee made the following recommendations which were approved by the Board of Directors at the Interim Meeting in London, July 1939, at which our President, Miss Fairley, was present:

1. That programs for trained professional nurses only will be considered. "The Educational Program of the School of Nursing", on Education in 1934, was devoted entirely completed by the International Committee to the basic preparation of the nurse. This study presupposes an acquaintance with this earlier report and an acceptance of its educational policies.

2. The present study will focus chiefly on organized professional programs for graduate nurses, conducted by recognized educational institutions; some consideration will be given to the more informal types of staff programs carried on by various agencies.

It was decided by the convener, Miss Isabel M. Stewart, to secure the necessary information for this study from member countries through the questionnaire method. This was done in 1938, and a report regarding educational needs, facilities, and post-graduate courses in existence in various countries was compiled. This questionnaire study served as a basis for the International steering committee to prepare a tentative outline or guide to assist member countries to construct a type of post-graduate course which would best meet the respective needs. This outline is now ready.

It was proposed that national groups should begin their work as soon as possible and should complete their experimental study by the Fall of 1940, in order that national reports could be incorporated into the material to be entitled "A Guide in Building Curricula for Graduate Nurses", this to be ready for the International Congress in 1941. It was the intention that a progress report of this work should appear in the January 1940 issue of the *International Nursing Review*, but as we all know, the publication of our International Journal has been suspended. Owing to the present state of war and uncertainty, the date of the next Congress is indefinite, and certain of the member countries which had pledged their cooperation in this project are now quite unable to co-operate and, as we know, are wholly engaged in much more urgent and important national service. The continuance of this project is, therefore, uncertain.

The Executive Committee of the Canadian Nurses Association requested that the Committee on National Education should prepare Guidance Pamphlet to be of assistance to young women who desire to enter the field of nursing. The need for this type of information has been felt for some time. A rough draft of the Pamphlet was prepared by the convener and submitted to the three members of the Core Committee, for suggestions. A revision was then made and submitted next to provincial groups for comment. The material was finally prepared in the form of a pamphlet and approved by the Executive Committee of the Canadian Nurses Association. The Committee is most grateful to Mrs. Heal of Vancouver for the illustrations which add so much to the attractiveness of the pamphlet. It was recommended that 20,000 copies be printed, the matter of distribution to be decided by the Canadian Nurses Association.

Reference will now be made to the Supplement to the Proposed Curriculum, entitled "The Improvement of Nursing Education in the Clinical Field". The Proposed Curriculum was accepted for trial in 1936 by the Canadian Nurses Association. Since that time, 1340 copies have been distributed from National Office and it has been applied in Schools of Nursing throughout Canada. While a systematic survey to secure criticism has not yet been undertaken, the Curriculum Committee, at the time of its publication, was aware that Chapter VII entitled "Education in the Clinical Field" was inadequate. A Supplement has been prepared in tentative form with the idea of placing more emphasis on clinical experience in nursing education. It is entitled "The Improvement of Nursing Education in the Clinical Field". It deals with philosophy, aims, organization and methods, and covers the administrative, teaching and supervisory aspects connected with the clinical education program. It is hoped that this Supplement will be used and studied critically, in conjunction with the Proposed Curriculum, and it is the intention that at a later date both will be revised and rewritten and combined in one volume.

The convener wishes to express her appreciation of the constructive criticism offered by members of the Committee and Provincial sub-Committees on the outline of the Supplement. Grateful thanks is expressed to Miss Jean Wilson, as secretary of the Committee, for her co-operation and the clerical assistance provided in National Office. Special acknowledgment is due to Miss Mary S. Mathewson, to whom the convener is indebted for help in many ways.

It is fitting on this occasion that an interpretation and expression of opinion of this Supplement should be undertaken by the Conveners of National Sections of the Canadian Nurses Association who compose the Core Committee. A short time ago Miss Agnes Macleod, Convener of the Nursing Education Section, notified the Convener that she would be unable to attend and Miss Gertrude Hall graciously consented to fill the gap at short notice. However, we are glad that Miss Macleod has found it possible to be present and to take part in the program—and she, together with Miss Peters, will summarize points made by the three speakers, including any discussion which may follow.

MARION LINDEBURGH,
Convener.

A Classic in Education

The members of the Canadian Nurses Association are glad to have a journal in which they may express their personal gratitude to Marion Lindeburgh for her contribution to Nursing Education over a period of years. Those who have followed the work of the Committee on Education must have been impressed with the demonstration of leadership that is seen through each stage of the curriculum study. Miss Lindeburgh has been generous at all times in emphasizing the work of the provincial members of her committee, but they, like the rank and file of C.N.A. members know that it is to the convener we owe a debt of appreciation that is difficult to express in words.

Those who were privileged to be present at the convention in Calgary and heard the presentation of "The Supplement" realize what a valuable addition this treatise is, and that it is indeed a tool in the hands of every nurse who counts herself a teacher. The predominant thought of her listeners was the sincerity and clarity with which the convener stressed the *care of the patient* as fundamental to any educational programme. She illustrated the stimulus and "imagination-stirring" to the student (whether graduate or undergraduate) of a patient whose physical and mental needs arouse a desire to improve that which we call "the quality of nursing", and compared it with the teaching value of the inanimate equipment which we have been prone to stress. Much emphasis was put on the place of the head nurse and supervisor and her opportunity of assisting in the development of the student through prepared and careful guidance. She also enlarged upon the opportunity of growth through such guidance and leadership.

A review of this excellent Supplement — a classic in education — appears below; but no formal review could tell of the time and effort so unselfishly given by the author. By using "The Supplement" as the basis of our study groups this winter, we cannot fail to re-dedicate our ideals of nursing. Thus, only, can we hope to thank Miss Lindeburgh for her service to the Canadian Nurses Asscoiation.

GRACE M. FAIRLEY,
President,
Canadian Nurses Association

THE SUPPLEMENT TO THE CURRICULUM

In 1936, nursing education in Canada made a notable advance, when at the biennial meeting held in Vancouver, the Canadian Nurses Association accepted the Proposed Curriculum for Schools of Nursing in Canada. After four years of intensive study and untiring effort on the part of Marion Lindeburgh, chairman of the Committee on Curriculum, there was then made available a guide and compass for the use of those whose duty it is to direct the education of Canadian nurses. An editorial comment which appeared in this *Journal* in September, 1936, reads as follows:

This curriculum is not an academic abstraction conceived in a vacuum; it is a living force which will profoundly affect the life and work of nurses in Canada. The Curriculum is primarily intended for use as a guide in schools of nursing, yet its influence extends far beyond them. Upon it will be based certain standards which will be used to measure the qualifications of nurses aspiring to fill administrative, supervisory, and teaching positions. Critical appraisal of schools of nursing will be facilitated by using it. Plans for graduate study will be based upon it.

Although it is only four years since this prediction was made, it has already been amply fulfilled. The trial use of the Curriculum has had a profoundly beneficial effect in that it has set up a sound standard of values and, at the same time, serves as a measuring rod whereby we may guage the extent to which Canadian schools of nursing are living up to those standards.

By way of proof that the Curriculum is dynamic rather than static, Miss Lindeburgh has now presented to the Association the Supplement on the Improvement of Nursing Education in the Clinical Field. This constitutes both a revision and an expansion of Chapter Seven, and fortunately is available for immediate use at a time when unusual demands are being made upon clinical knowledge and skill.

This revision was undertaken because it seemed to the Committee on Education that more emphasis should be placed upon the development of the student in the ward situation, and that an attempt should be made to bring all learning experiences together in a "patient-centered" program. The Supplement is based on the principle that "quality" nursing makes for good nursing education, and the needs of the patient are therefore paramount throughout. Special emphasis is laid upon nursing the patient as a whole, upon the health point of view, and upon teaching opportunities.

A series of articles, constituting a detailed analysis of the Supplement, is now being prepared by nurses who are specially well qualified to deal with its various aspects. The first of these appears in this issue of the *Journal*, in the form of the excellent contribution made by Miss Gertrude Hall during the session at which the Supplement was presented. Miss Hall deals competently with the administrative implications of the Supplement, and the remaining articles of the series will doubtless prove equally illuminating.

In order that this comprehensive analysis may fulfil its purpose, it is of course necessary to study the Supplement in its entirety. It is divided into two parts, the first of which deals with the philosophy, aims, and principles of education and their application to nursing education in the various clinical fields. Part Two is an expansion of Part One, and deals in detail with the organization and execution of the clinical teaching program. The statements made in Part One are supported in Part Two in a discussion of their application to the development of the student through clinical experience. A striking comparison is made between the " patient" and "efficiency" methods of assignment, and valuable suggestions are made concerning the full utilization of opportunities for teaching. Much attention is given to the important part played by the head nurse in her dual capacity as administrator and teacher, and the section which deals with methods of clinical teaching is particularly valuable.

No better use could be made of the Supplement than has been suggested by the President of the Canadian Nurses

Association in the tribute to Miss Lindeburgh which serves as a preface to this review. The Supplement would be an admirable guide for a series of staff conferences at which supervisors and head nurses might undertake to interpret its findings in terms of their own experience. One or more recommended objectives could then be selected and an effort made to strive toward actual attainment. Many pertinent questions are raised on every page and, in an attempt to answer them honestly, any school of nursing will discover not only the sources of its strength but also the means of correcting its weakness.

Administrative Aspects of Nursing Education in the Clinical Field

GERTRUDE HALL

Before beginning a discussion of the administrative requirements by which clinical education may be carried out, I should like to briefly summarize the general impressions received from even a cursory reading of the Supplement to the Proposed Curriculum for Schools of Nursing in Canada. I was at once impressed with the completeness with which this important aspect of nursing has been outlined; one immediately senses that same spirit which permeates the Proposed Curriculum. Each step in the clinical preparation of the nurse has been clearly defined, and it is indeed a composite picture of all the essential elements which build into the fabric of the art of nursing. Administrators, teachers, supervisors and head nurses now have a guide which is of real value. No question or problem has been left unsolved, save that of providing the actual conditions under which the excellent suggestions and recommendations may be made effective.

This is not the time to discuss the economic factors which play so great a part in all our plans for improvement and progress. However, experience in surveying and studying schools of nursing within the hospital prompts me to raise some questions which seem to have a direct bearing upon the implementing of the Proposed Curriculum and the Supplement. As long as we must continue to think in terms of nursing service to the hospital as of major importance, and the preparation of the nurse always as secondary, can we ever hope to build a sound educational program? True, every effort is being made to reduce the hours of duty so that our students may be in a position to obtain the maximum benefit from the improvements in the curriculum, but the problem of providing a sufficient number of graduate staff to enable administrators to plan the clinical experience for the student according to her needs and not according to the demands of the hospital continues to be a major difficulty and, as I see it, will continue to do so until we can bring the general public to appreciate the fact that nursing education is not the financial responsibility of the hospital.

There are those who would comfort and soothe by enumerating the many advances which have been made in the better preparation of the nurse. With all of these I am ready to agree, but the fact remains that we have expected and we continue to expect the impossible on the part of student nurses. We have increased the con ent of our curriculum —that is, superimposed it upon the structure already there, and even though we have shown a little improvement in the personnel of our nursing school faculties, yet we must frankly see ourselves on exactly the same educational pathway we were treading twenty-five years ago. Ask the educator in any other field if he would like to turn the hands of the clock backward twenty-five years.

You may well ask — why should this be? The field of general education, and the other special fields of education, have been administered by boards of education or senatorial bodies who, if they had not seen the need for progress and change themselves, would have been made to see it by the pressure of public opinion. Such an opinion could not stand by to watch the hurried preparation of students, turned out of those institutions year after year, without adequate development for the fields of service for which they were supposedly intended.

It is at this point that we begin to see ourselves caught between the old and the new and, when we begin to evaluate what we are doing and seek for improvement in our use of the clinical experience, we find ourselves weighted with traditional and outmoded methods and, to a large extent by economic barriers. Is it not possible that we lose sight of logical reorganizations that would not increase overhead cost of operation, yet conform to better educational developments at the same time increasing the efficiency of nursing care?

Clinical experience has been defined as the means whereby the student develops the art of nursing. Bedside care is a fundamental and educational activity. The present system of nursing presupposes that the student nurse will be taught knowledge of diseases and skill in caring for individual patients, while securing practical experience in all the branches of nursing. It is obvious then that this educational process should take place in the wards where skilled and prepared teachers are present for the purpose of teaching students how to care for patien.s.

Superintendents and head nurses will find the discussion of the patient assignment method of particular interest. Emphasis is placed upon this method as a means of assisting the students to accept the responsibility for the complete care of a group of patients whose needs are within the range of her nursing ability. Those who still cling to the efficiency method will do well to study the section "assigning patients to the student". There seems little doubt of the value of the former, whereby the student is afforded the opportunity of nursing the patient as a whole. The various needs of the patient stimulate the student to think, to adjust and to plan. As she strives to do better nursing, she is becoming a better nurse. A point in favour of this plan, which I believe is of great importance, is that while caring for the whole patient, the student is being taught to care for the patient in the manner in which she will practice as a graduate. If she does not learn to view the patient as a whole in her under-graduate experience she will have to make many abridgements as a graduate. From the patient's point of view, this is a satisfactory arrangement in that he is not required to adjust to several nurses who do not understand his con-

dition. He feels more secure, relaxed and satisfied when he knows there is one nurse on whom he can rely for all his wants, who is definitely interested in his welfare and is assuming complete responsibility for his care.

From the point of view of the head nurse, the patient assignment method provides a sound basis for effective ward teaching and affords her an excellent opportunity for grading her patients according to the experience level of each student. Otherwise there is present the danger, from the patients point of view, of being assigned to the care of a nurse of immature experience level, and at the same time a more senior student is deprived of the experience while she is busily engaged in carrying out a segment of ward routine. Last but not least, comes the reference to the physician who prefers the patient assignment plan because it is the most satisfactory method of securing information about the reactions of the patient to the medical and nursing care. It is in accordance with his procedure in private practice, when his patient has a special nurse.

From the replies to enquiries as to the reasons why the patient assignment method is not being more generally adopted, the answer in each instance was to the effect that the main object on a busy ward is to get the work done quickly, and that for this reason the efficiency or functional method is more likely to make for an economy of time and for efficiency in the management of specific activities. There again we have the ever present conflict of service to the hospital and the education of the student. When, on the other hand, experience has proven that from the standpoint of good nursing care, as well as good teaching, assignment on the case basis has so many advantages over the efficiency method, one is forced to admit that the administrative difficulties which are responsbile for the lack of its complete adoption require the most careful study in an attempt to remedy the situation.

Briefly, the administrative difficulties would appear to be inadequate number of nurses to carry the service, and the hours of duty also require adjustment. Those who have had experience with a straight eight-hour day contend that it is quite possible to so arrange the duties that such a plan may be made effective. Has not the time arrived when we should be willing to try to make the necessary adjustments so that this plan may become operative? Have we not sufficient proof to present to administrative bodies and to the medical fraternity that the adoption of this plan is in the best interests of the hospital, the patient and the student? Could we not at least gradually introduce the plan on one or two wards?

Many things are expected of our head nurses today. One of the major requirements is that they be able to teach as well as administer a ward. The real objective being the improvement of patient care, does not the aim underlying every case involve that of greater safety and better comfort for the patient? — and we interpret the term patient to mean ultimately the family and community as well as the individual. To be sure there are certain selfish reasons for head nurse teaching in the hospital. The more students know, the lighter becomes the head nurses task; the broader the information the graduates have regarding the departments work, the smoother will the unit run and the fewer will be the mistakes for which the nurse is blamed; the larger the acquaintance of our adjunct personnel with their own tasks and with the hospital, the less the amount of time wasted in purposeless activity; the greater the familiarity of the patient

with the reasons for his care, and with the policies motivating the hospital giving that care, the higher, in most instances, will be the level of his co-operation both as regards his own care and as concerns the work of the hospital. And the deeper the understanding the public has of the actual and potential contribution of the hospital to community welfare, the wider and more generous will be its support of hospital activities and development.

If we are to make possible an effective ward teaching program, it is obvious that the hospital must endeavour to provide a clinical staff, adequate in number and having the necessary qualifications to fulfil their particular responsibilities. The increasing demands of ward administration and teaching make it very difficult for one graduate nurse, unsupported, to fulfil her dual responsibility effectively. This is particularly true of the services which are often thought of as the specialties, such as obstetrics and pediatrics. The students are placed in these services for a limited time only, and it is most important that the time and experience be planned to the best advantage. The head nurse should be relieved of as many administrative duties as possible in order that she may be free to conduct a good teaching program. Some hospitals recognize this need and are attempting to meet it by appointing a graduate nurse to act as assistant to the head nurse. This plan is commendable in that the experience the assistant is receiving is at the same time preparing her for head nurseship, should she develop the qualities to fill the position.

Because of her wide experience in the specialty of her department, it is recommended that head nurses be responsible for the teaching of their particular specialty, and this practice is being followed in many schools. Head nurses should be given every opportunity to obtain post-graduate preparation in order that they may be in a position to give more effective educational opportunities to the student. She needs, as does the classroom teacher, an understanding of the principles of education upon which to base her planning and her teaching. She should possess a knowledge of the basic sciences and be familiar with the class-room program in order to help the students to integrate theory and practice in ward experience. Not every nurse is capable of becoming a head nurse. She should be chosen carefully. The difficulty encountereed by many hospitals in obtaining and retaining qualified head nurses too frequently revolves around the dislike for institutional living, long hours of duty and, in too many instances, salaries which are far from commensurate with the responsibilities. There is need of a continual educational program for the members of Hospital Boards in this aspect of administration. Those hospitals who do provide living-out allowances, and whose staff enjoy the privileges of an eight-hour day, are able to live a more normal life, and in return, bring to their work a zest and renewed interest which is not possible under the present plan. The problem of frequent turn-over in staff is lessened tremendously and the hospital and patients benefit directly from these adjustments.

Providing experience in the essential clinical services does present some problems which will also require study and perhaps adjustments. There is need for determining the adequacy of available clinical material and a knowledge of the number of student nurses a service will accommodate. The Canadian Nurses Association recommends that schools of nursing should provide experience in several fields of nursing — medical,

surgical, pediatrics, obstetrics, communicable diseases, psychiatry and, if possible, a period of experience in the community. Arranging for rotation through the various services supplying experience in all of the above, much of which must be planned by affiliation, presents difficult adminstrative problems. While there are many who advocate lengthening the course beyond three years, a very careful study should be made of the whole situation before taking such a step. It is recommended in the Supplement, and I quote: "that a study be directed toward discovering what adjustments could be made profitably within the present three-year period to economize the time of the student." The Supplement suggests that such an investigation might centre around the following questions:

Would entrance requirements demanding better educational preparation, particularly in science subjects, be a means of conserving time during the basic course? As a result of such a policy, would not the student come better equipped and more ready to utilize her knowledge earlier in her course? Is the student at present undertaking or repeating duties which have little or no educational value, thus consuming valuable time on non-nursing duties? What should determine the length of practice a student should have in the various nursing duties, and when does continued practice become wasteful? In hospitals where helpers are used, have any studies been made to determine the amount of time thus saved for the student? With such provision made, would it be reasonable to suggest that the time prescribed for adequate experience in the various services be reduced in order to include an affiliation, or some other experience, which has not been possible because of lack of time? Could ward equipment be improved or better arranged in order to conserve the time and energy of the student? How much time is wasted in unnecessary steps because cupboards, utility rooms, etc., are poorly located, or because equipment is not as available as it might be? Are the teaching and supervision of the student, of such a quality as to prevent the formation of bed nursing techniques which take time to correct? Is the student taught to apply principles of scientific management to her work whereby she may develop economical and effective habits which reduce false and unnecessary movements to a minimum? How much time is wasted by students in nursing procedures in which they have had sufficient practice? What would the adoption of the eight-hour day do to help the student to become more alert and sensitive to learning opportunities so that she might accomplish more in a given time.

Thoughtful consideration of the above questions makes it plain that there are many situations and conditions existing which predispose to waste of the time and energy of the student nurse. If it were possible to make certain adjustments, much time could be conserved and used for furthering and broadening clinical experience.

For a number of years, those nurses responsible for directing the educational program have been conscious of the emphasis which has been placed on classroom instruction while the students ward activities were directed toward accomplishment of work without any carefully planned correlation between her theoretical education and her actual nursing experience. This is a double evil, since it brings failure to make meaningful her classroom teaching, while at the same time she loses the valuable material in the concrete feild. The proposed Curriculum has succeeded in bringing the classroom out of its enforced isolation and has made us all ward-teaching conscious.

In planning the clinical experience

program, efforts must be made to reduce as far as possible, the time elapsing between the lectures and classes in the clinical subjects and the related experience in the care of patients in the clinical fields. The wards of the hospital, where students have their clinical experience, should be considered as laboratories. Here too, it is essential that equipment be adequate and physical conditions satisfactory in order that desirable results may be obtained from ward teaching experience.

A hospital with segregation of all services is better facilitated for a teaching program; a mixed service, carefully analyzed, can be adapted to such a program but requires more planning and supervision. There are three general plans in use at the present time which provide for theory and practice: Classroom and clinical experience may be arranged concurrently, the block system may be used, or a combination of both plans may be adopted. The problem of correlation of nursing theory and practice could be greatly lessened if head nurses and supervisors would make an earnest attempt to correlate knowledge and practice in ward experience. Students should be stimulated and encouraged continually to apply their knowledge of chemistry, bacteriology, anatomy and physiology, hygiene and nutrition and other sciences, to nursing problems on the ward. Here again we are confronted with the problem of head nurses who have neither the preparation nor experience to carry out such an integrated plan. All along the way, we are compelled to admit one of our greatest needs is that of providing prepared members of the faculty.

The principle of rotation of students is well stated in the Supplement. The progress of each student through the clinical services should be in logical order and so planned that she will not miss any essential service, nor be kept on any service longer than is necessary for experience and educational purposes. The time necessary to master fundamentals varies with individuals, nevertheless it is advisable that a definite schedule be followed. The assignment of the student nurse to the various services should be made according to her needs and training. She should be gradually inducted into nursing activities, and her growth should be a self-determining process, guided but not forced. The person or persons responsible for the planning of clinical experience should certainly be educationally minded. She should work in close co-operation with all other members of the teaching faculty.

A good School of Nursing should seek to arrange such conditions of nursing practice as will emphasize and preserve the educational value of this type of experience. In order to accomplish this, a good nursing service implies enough nursing time and personnel to insure good nursing with satisfactory working conditions and reasonable hours for all. By good nursing care, is meant both the quality and amount of care essential to the mental and physical well being of the patient. A good nursing service will require a permanent graduate staff, furnished in sufficient numbers to insure a stabilized service at all time and to safeguard a balanced clinical program for the student nurse. It will require a well qualified personnel to direct the care of patients and the education of nurses. There should also be provided, sufficient non-professional personnel to carry on routine housekeeping and non-nursing duties. The hours of work required of the nursing personnel have a direct bearing on the quality of the nursing service, and greatly effect the educational value of

clinical experience to the student.

Again and again one hears it said that in order to become a good nurse the student should have the opportunity to observe and practice good nursing. This statement carries responsibilities for adequate supervision, particularly is this necessary for new students who left to their own resources, are left to learn by their mistakes, thus losing considerable time in learning and more often cultivating poor technique. Adequate supervision of new students promotes the saving of time, as well as a good quality of nursing. Mention should also be made of the necessity for adequate equipment and supplies, both in quantity and kind, and standardization of equipment on each ward. Good standards of nursing care are rarely found where the physical facilities are poorly aranged and indeed lacking. Another point in providing for good nursing care is one which must be constantly kept sight of. I refer to the impossibility of doing two hours of work in one hour of time.

A good head nurse will sit down and plan the nursing care of the patients in her department according to their needs and according to the nursing personnel, taking into account such auxiliary assistance as ward aides and orderlies. Too often I find the nurse-patient ratio is based on the total number of nurses on a ward, regardless of how many are actually giving bedside care. Such factors as experience of students, amount of supervision required, play little part in such ratios. May I refer you to an excellent plan for estimating nursing needs. This plan appears on page 5 in the report of the Committee of Nursing and Nursing Education, prepared by Miss Agnes Macleod and published by the Canadian Hospital Council.

It has been pointed out that constructive organization must be based upon the needs of the student, and a knowledge of what the clinical services have to offer in relation to nursing objectives. It is necessary, therefore, that all members of the staff should appreciate the aims of the under-graduate course. The educational program cannot function effectively unless there is co-operation founded upon a common understanding of nursing objectives, policies and procedures. The best approach to organization and planning is by way of staff conferences. In well organized educational institutions these are held at regular intervals and when special problems arise, this practice has a special value when applied to schools of nursing.

There is need to discuss principles, procedures, and problems involving both the student and the patient. All members of the nursing staff who have any part in the teaching program, whether in the classrooms or on the wards, should co-operate in the planning of this program. To further this plan, opportunities should be provided for staff attendance at institutes, conventions, meetings, extension courses and for observation of nursing and teaching techniques in other hospitals.

In summing up the problems which appear to present the greatest difficulty in making the clinical experience program more effective are:

1. The hours of duty are still too long.
2. The lack of properly prepared personnel. Many golden opportunities on the wards are not utilized because of this very reason.
3. The need for more careful planning of rotation of students.

Each and every one of these difficulties present a challenge to nursing leaders to keep pressing forward for improvement in the realization that although the struggle may be hard, the objectives are worthy.

Mary Agnes Snively – The Woman

Grace M. Fairley

You all know Miss Snively as a nurse, an administrator, and a leader; but it is to a steadily diminishing number that Mary Agnes Snively, the Woman, is known. She was deeply religious, and never lost an opportunity of quoting from the Good Book—but her quotations were always timely and apt. Someone has said of her that this religious trait was demonstrated by the number of children of missionaries in whom she was specially interested, and who were often to be found as undergraduate nurses at the Toronto General Hospital, or medical students at the University of Toronto.

One of her graduates, who knew her intimately said of her: "Her outstanding characteristic was her strong sense of justice—her desire was to *be* just". Her religion was vital. In her younger days, to quote one who admired her greatly, "she was of the Spartan type—her's was a Presbyterian God—but as she grew older, she mellowed and became more tolerant." An example of her great faith was demonstrated during her last illness when she dismissed with a kindly word the nurse who was caring for her. When the charge nurse urged that she be allowed to remain, she said, with quite a little scorn, "Surely you do not think that I am afraid to die alone"—and so she died—how typical of the woman. She was completely sustained by her great and abiding faith.

Miss Snively was in every sense the Superintendent of the Victorian era—a strict and severe disciplinarian. One wonders if this was not assumed—a demeanour that was expected of superintendents of that time—rather than what, in any other walk of life, would have been her natural manner. She was most generous to all nurses, not limiting her interest to the graduates of her own school. Many women from other parts of the Dominion and from other countries benefitted by her advice and kindly guidance.

Although she was essentially progressive and alert to changing conditions, one does not remember Miss Snively for any great scholastic qualities. But one does realize that she thought clearly, and had a real vision of the place that Nursing in this Dominion was destined to take. Nowhere is this better demonstrated than in the part she took in organizing the Canadian Nurses Association, and her contribution to the International Council of Nurses. One of her graduates once said: "I think Miss Snively lived too soon—how she would have enjoyed the well-equipped residences and the greater leisure for students! I am sure she would have made wise use of both."

Recently, I read with great interest Dr. C. K. Clarke's book "The History of the Toronto General Hospital". One gained from that intensely fascinating history a knowledge of just what the daily life of a superintendent must have been in a school such as the Toronto General Hospital of her day. The problems of her time were just as many, if somewhat different from the problems of today, and there was evidently little luxury or leisure.

I do not think that Miss Snively had a sense of humour, but her personality was bright and happy. A picture that will ever be indelibly impressed on my mind is the deep affection expressed so often by Miss Gunn for Miss Snively,

and the almost parental acceptance of this loving care. I remember being present at a reception at the Toronto General Hospital when Miss Snively was receiving with Miss Gunn, and in conversation with her later in the evening I said that I could wish for nothing finer as an experience in life than that a successor of mine would show me the affection that Miss Gunn showed at all times to Miss Snively. I know that this affection was reciprocated.

It is to commemorate this woman that we meet tonight, and it is my privilege to present to three of our members the Agnes Snively Memorial medal which is our means of conveying to them the appreciation and admiration of this Association for their work in the interest of Nursing.

REPORT OF THE LEGISLATION COMMITTEE

The Legislation Committee of the Canadian Nurses Association submits the following report regarding incorporation of the Canadian Nurses Association.

The Company's Branch of the Ontario Government was consulted and they stated that they could see no drawbacks to incorporating an organization such as the Canadian Nurses Association, and pointed out the advantages (a) protection of individual members of the executive; (b) ability to own property and accept legacies, etc., and indicated the Federal Act under which this would be possible. They advised writing to the Under Secretary of State, Ottawa, for application forms, but also advised that the Association have a lawyer draw up the application in order that no errors be made in the phraseology of it.

A lawyer was consulted who confirmed the opinion of the Provincial Company's Branch re advantages of incorporating, and drew up the following report:

The Secretary of State may by Letters Patent grant a Charter to any number of persons, not less than three, constituting such persons and others who become subscribers to a Memorandum of Agreement, and who thereafter become members of the Corporation, a body corporate and politic without share capital for the purpose of carrying on in more than one Province of Canada, without pecuniary gain to its members, objects of a national, patriotic, religious, philanthropic, charitable, scientific, artistic, social, professional, or sporting character, or the like.

We believe that the Canadian Nurses Association could be incorporated as a corporation without share capital, provided that it carries on its work in more than one Province without pecuniary gain of its members. The Association would probably come under the head of the word "professional . . . or the like".

The incorporation fee payable to the Secretary of State of Canada would, in our opinion, be $100. The fee is only $10 when the corporation is incorporated for historical, literary, scientific, artistic or charitable purposes, but we are of the opinion that the Canadian Nurses Association does not come in this latter category.

The applicants for Letters Patent must be twenty-one years of age or over, and must file an application as nearly as may be in accordance with Form 3 of the Schedule to The Dominion Companies Act. Such application must set out (a) proposed name of the corporation; (b) purpose for which incorporation is sought; (c) the place within Canada where the Head Office of the

Association is to be situated; (d) the names in full and the address and calling of each of the applicants; and (e) the names of the applicants, not less than three, who are to be the First Directors of the corporation.

The application shall be accompanied by a Memorandum of Agreement in duplicate in accordance, as nearly as possible, with Form 4 in the Schedule to the said Act, signed and sealed by the applicants, setting forth the by-laws of the proposed corporation and more particularly setting forth by-laws on the following matters: (a) conditions of membership, including societies or companies becoming members of the corporation; (b) mode of holding meetings, provisions for quorum, rights of voting and of enacting by-laws; (c) mode of repealing or amending by-laws with special provision that the repeal or amendment of by-laws not embodied in the letters patent shall not be enforced or acted upon until the approval of the Secretary of State has been obtained; (d) appointment and removal of directors, trustees, committees and officers, and their respective powers and remuneration; (e) audit of accounts and appointment of auditors; (f) whether or how members may withdraw from the corporation; (g) custody of the corporate seal and certifying of documents issued by the corporation.

He also added verbally the opinion that the only possible hindrance to incorporating at a cost of $100 is the fact that the Association publishes a magazine with a separate subscription. However, he feels that no difficulty should arise if we put as one of our objectives "to publish a magazine for the benefit of the nursing profession, any monies received for the same to be used for expenses and betterment of the magazine", or some such statement.

Therefore the Legislation Committee expresses itself as approving of the incorporation of the Canadian Nurses Association and asks that this report be submitted to the biennial meeting in 1940.

MARY B. MILLMAN,
Convener.

REPORT OF THE PROGRAM COMMITTEE

The members of this Committee are the chairmen of the three National Sections, the chairman of the Committee on Education, the convener of the Committee on Arrangements, the Executive Secretary, and the President as convener. In preparation for this convention, there was one meeting at which four members were present and two at which three were present, although much of the work of this Committee of necessity must be by correspondence.

The Committee has endeavoured to prepare a program that will be helpful to all members of the profession, realizing that the value of a convention depends upon whether those present gain something of value, whether it be new ideas or a better solution for old problems, and can thus take back to their locality, hospital, organization, or group, the result of the discussions.

Probably the greatest contribution that you, who will be the critics of this convention, can make to the profession is, while your criticisms are fresh in your mind, and there is some matter you had hoped might be discussed, and which did not appear on the agenda, to write your suggestions down and let the program convener for the next biennial meeting have the benefit of them. That is one way that future conventions can be improved.

GRACE M. FAIRLEY,
Convener.

The Lay Woman Looks In

Mrs. Rex Eaton

I must confess at the outset that I am truly a lay woman. Not once, at any moment of my life, have I wanted to be a nurse. My only contact with you professionally has been in those rare instances when some member of my family has needed your services. Your world of actuality is to me unreal and shadowy. You are associated with my hours of anxiety, drama and tragedy. When those hours have gone, my association with you has gone.

I have learned some things from these experiences which make me put a high value upon the profession of nursing. Under strain and fear, everything took on new proportions. I did not put the emphasis in the right place and in spite of all my efforts panic would overcome my good judgment. I turned to others who had training and experience, not only to make use of their skill but also for comfort and confidence. When I began to think it over, I realized that what I demanded at such times could come only from men and women who possessed the highest attributes of character.

It is interesting to meet a group of people who have taken up the same occupation. It has been my privilege to meet many such groups and to discuss with them problems in connection with their work. After you have spent some time with them, you realize there is an atmosphere distinctive to the particular group with which you are dealing. It may be hairdressers, with an independence due to operating a small business, and a charm developed by long experience in pleasing an exacting and confiding clientele. It may be a group of carpenters, poised becaused they have mastered an intricate trade, confident because of long experience in negotiations. It may be the women working in canneries, timid because of the insecurity of a seasonal occupation, eager for protection because they have not the organization to get it by their own efforts.

In general, certain qualities of character, temperament and intellect lead people to choose the work they do, and I had the opportunity to gather definite impressions of the outstanding characteristics of nurses when some time ago it became my responsibility by appointment of the Provincial Government, to make a survey of labour conditions in hospitals in British Columbia, with particular reference to conditions of work of nurses and nurses in training. On the committee with me were Miss Walters, superintendent of nurses at Essondale Mental Hospital, and Mr. Percy Ward, inspector of hospitals in British Columbia. I hastened to name the other members of the Committee to save you from the fear that the administrative and professional viewpoint was not ably represented. As a member of this committee, although still in the role of the lay woman, I had intimate and cherished association with members of your profession, for many months. The method of the survey was to visit hospitals in sufficient number to get a cross section of all types, large and small, in both city and rural districts. We met the administrative officers, the supervisors, the nurses in training, in separate groups. We were advised by the Council of the Registered Nurses Association of British Columbia and many others interested in hospital problems.

Usually, nursing is known as a pro-

fession. Without discounting the significance of this term, I have come to think of nursing by the old fashioned word of "calling". We reserve this word for those who serve the Church; because of a spiritual sensitiveness they respond or are called to sacrificial service. I do not wish to embarrass nurses by ascribing virtues to them upon which they feel they have no claim; but after meeting groups of ten or twelve nurses until I had talked with about five hundred, I realized that there were certain definite characteristics of the group which must be taken into account before practical recommendations were made.

I wondered how many nurses had entered their training schools with the idea that when they were finished honour and money would come to them. It seemed to me the number in this category would be very small and that the great majority instinctively had responded to the appeal of service and self sacrifice which the profession demands. Once within the profession, this predisposition to sacrifice is emphasized. Professional ethics, the pledge, obedience, self-discipline are instilled from the moment they come into the hospital. I do not advocate that there be less of this teaching and inspiration. It will give the strength needed to meet the hours ahead, when the emergencies of the profession are met by the assured and confident nurse.

I am of the opinion that no girl is accepted for training unless she is supposedly in perfect health. It is true that the risks of illness, incidental to her work would be relatively higher than in many other occupations; but it seems reasonable to suppose that the attention and care given to her by the hospital, and denied to those in other occupations, should guarantee that at least she commenced her professional work with a good measure of health. No woman could continue to expend the physical energy required in nursing unless she had been blessed with a strong constitution.

No one is admitted for training until she has met educational standards, which are sufficiently high to guarantee that any woman in the profession has the intelligence to cope with her work and the problems of her hospital. An intelligent conscientious person of sound physique, motivated by the ideals of service, will endure much without complaint and gives little thought to her own self protection.

I recognize that I am speaking to the leaders in the profession of nursing and I should like to express my appreciation of your attitude toward the matter of hours of work for nurses. Difficult problems confront you. For many years you have steadily worked for higher standards in your profession, and are trying to meet the demands in special departments without yielding any of the requirements for a general training. You have realized, particularly in the past few years, that some safeguard must be established to protect the health and rightful leisure of the nurse, to save her from the ever increasing demands made upon her energies, under the pressure of exacting work in the modern hospitals. To that end you have advocated the eight-hour day, and have made notable improvements in conditions of work. You have not done this for yourselves—you have urged it for other nurses. In the course of our survey, the superintendents of nurses in their administrative capacities did everything in their power to give the committee a true statement of conditions in their hospitals. In several instances they approached their Boards for permission to experiment with new schedules in order to appraise the cost of change. Records of overtime for several weeks were kept and submitted to the Com-

mittee. Your president, Miss Fairley, gave unstintingly of her time and in the three days we were in her hospital afforded the utmost co-operation. It is evident that, not only in word but in fact, support of your resolution for an eight-hour day is given by your leaders.

It is my belief that in any work of a steady and routine nature, under normal circumstances, an eight-hour day, a forty-eight hour week, and one whole day of rest in every seven is the maximum that should be required of any person. In every hospital, even under normal circumstances, it is accepted that frequently unforeseen emergencies occur which would make it impossible to observe a strict interpretation of an eight-hour day, and overtime work must be done. It seemed advisable to adopt a modified practical standard which allowed 96 hours of duty, including overtime, in a period of two weeks, with two full days off duty during that time. This provides a flexibility in the number of hours worked each day and allows two weeks in which the overtime can be made up, while still adhering to the principle of the eight-hour day and forty-eight hour week. If an exact record of the hours of work is kept, you will find very few hospitals meeting this standard, which generously allows for hours in excess of those customarily worked by employees in stores, offices and other occupations.

There are two ways to establish recognized standards of hours of work. The most satisfactory way is for those concerned to negotiate firmly and reasonably with those by whom they are employed. The alternative method is to set up standards by means of legislation. In either instance, a great deal of effort is involved. Rarely does it happen that improvements are made unless some persons or groups are willing to put forth a sustained attempt to achieve them. The situation is admittedly more difficult in an institution or business where no profit is made and the deficit is a matter of public concern. It is essential that full support should be given to the movement by those within the group. It is almost as important that there should be informed and sympathetic public opinion in accord with the objectives of the group. Looking in upon your problem it seemed to me that you have considerable educational work to do both within and outside your profession, if you are to achieve an eight-hour day and forty-eight hour week.

I have referred to your leaders and their attitude toward this problem and I should like to speak now of the general group of nurses. Intelligent, conscientious, with a strong tendency for self-sacrifice, the general duty nurse works hours in excess of those established in other occupations and, more frequently than we care to think about, exhausts her first splendid physical strength.

Financial difficulties are common to most hospitals, and no one can approach any hospital problem without first appreciating this great conflict between receipts and expenditures. The nurse has an intelligent grasp of the situation within her hospital equal to that of any member of the Board of Management, except possibly in the very large hospital. She sees all too clearly the need for equipment, supplies, and buildings, and in consequence hesitates to press for her own requirements. Over and over again, while we were talking of acceptable hours of work some nurse would say, "That is right and what we need, but the hospital cannot afford it". It did not seem to occur to many nurses that the needs of other workers are met by hospitals. Maids, janitors, orderlies, painters, electricians, plumbers, stenographers, and telephone operators working in the institution have reasonable hours

of work. This whole problem of the cost of hospitalization will not be solved by economies effected through curtailing salaries and increasing the hours of work for nurses, and I regret that the average nurse assumes a personal responsibility which I do not think any one should expect her to carry.

Amongst the group of general duty nurses, there seemed to be very little aggresssive agitation for reforms. The younger nurses, especially the student nurses, are somewhat more outspoken. Not that they show any sign of taking any action to improve their conditions of work but at least they do not hesitate to say what they want. As a matter of fact, it is indeed difficult for nurses to be aggressive about improving their conditions of work. The work of people employed in factories, stores and offices is incidental to transactions of business connected with the manufacture and sale of goods. The comfort, happiness and life of suffering and helpless people is the concern of the nurse. Regardless of everything, she must keep on until her work is done.

Training, temperament and the circumstances of her work, make the general duty nurse a poor advocate for her own interests. Otherwise, it seems to me that in this day and age, there would be official representatives of the nurses employed in a hospital meeting their employers to discuss complaints about salaries, hours and living conditions. To a lay woman this procedure seems quite reasonable but I recognize that from a professional viewpoint there are risks which nurses might not care to take.

The general duty nurse is expecting that some more powerful agency will bring about the necessary changes. The Provincial Association of Registered Nurses is the first hope she has and a great responsibility rests upon it. For many years you have tried to effect improvements through your own efforts and the results are not altogether satisfactory. Last year, when you endorsed the policy of asking for legislation to give adequate protection to nurses your program became more complicated. In promoting this policy you will come in contact not only with Hospital Boards and nurses but also with people to whom your problems have not been a matter of deep concern. Legislation, unless supported by a sympathetic majority of the general public fails to be effective. You may decide that the time has come to enlist outside support on your behalf. I do not think this will be forthcoming unless you ask for it. You are a profession of high standing, with your own professional Associations, and other organizations will hesitate to take the initiative in any matter of concern to you. They will wait for you to make the first approach. If you decide to follow this course, there is no doubt in my mind but that the help would be given to you.

In eight of the nine Provinces of Canada, there is authority for legislation under the terms of the "Minimum Wage and Hours of Work Acts". No Province has promulgated orders affecting nurses, except Alberta where a strict interpretation of the Hours of Work Act would make the provisions applicable to nurses. In British Columbia, some progress can be reported in that this survey of conditions of work has been made by the Government. As yet no governmental action has been taken on the recommendations of the report, but the continuous survey, which is now taking place is important and will have beneficial effects.

Without doubt, the work of the Committee has stimulated the interest of Hospital administrators in the conditions of work for nurses in their hospitals and has encouraged the Council of the Registered Nurses Association of British Columbia

in their efforts to bring about required changes. It has been gratifying to find a marked improvement in the schedules and salaries which have been made voluntarily by a number of hospitals during the past two years. Indirectly I have heard the appreciative comments of many nurses, who have enjoyed the benefits of these improvements. It is impossible for me, and in a greater degree for you, to be satisfied with the prevailing conditions of work for nurses. Whatever may be your policy of action for safeguarding the health and welfare of your profession, I can assure you of the co-operation of many lay women in the community.

REPORT OF THE COMMITTEE ON EIGHT-HOUR DUTY FOR NURSES

Most of those present are familiar with the resolution passed at the last Biennial Meeting of the Canadian Nurses Association which reads:

> Whereas the present long hours of service rendered by student nurses seriously interfere with the implementing of the recommendations of the Proposed Curriculum for Schools of Nursing in Canada, therefore, be it resolved, that a Committee of the Canadian Nurses Association be formed with a provincial representation to proceed with definite plans to secure an eight-hour duty period for student nurses, this to apply to night as well as day duty; also, that this same committee take steps to implement and bring into force an eight-hour day for graduate registered nurses.

As is inevitable in the formation of a National Committee, some delay was experienced before the personnel was chosen and the Committee organized to function. After communicating with the Executive of the Canadian Nurses Association, the decision was reached that the Committee should be composed of the representatives chosen by each provincial nurses association, with a small sub-committee with whom the chairman could readily confer. In some provinces a representative only, was appointed; in others, a representative committee was formed.

The definition of the objectives proved the next problem. While the objectives were outlined in the resolution, their interpretation has been the cause of some speculation and study. Your Committee was faced with such questions as: (1) Should the objective of this committee be made quite clear and all provinces work towards the same end, namely, a forty-eight hour week, or ninety-six hour fortnight? If so, which of these periods should be adopted as the objective? (2) Should the period of duty include lectures and classes? (3) Should arrangements regarding division of time be left to the individual hospitals, it being frequently felt that a divided period of time is less fatiguing?

In order to obtain the consensus of opinion regarding these questions, they were submitted to the representatives in each province, and to the Executive of the Canadian Nurses Association. At the same time it was suggested that, if deemed advisable, a letter might be sent from the National Office to the Minister of Labour in each province.

The replies varied. In answer to question one, the majority agreed that a

ninety-six hour fortnight should be made the objective. The same unanimity of opinion was not evidenced regarding the inclusion of lectures and classes in the hours on duty, or the policy dealing with arrangement of hours. The Executive of the Canadian Nurses Association recommended:

That a ninety-six hour fortnight should be the objective.

That lectures and classes should be included in the time on duty.

That the arrangement of time should not be left to the individual hospital, but that the goal should be made a straight eight-hour service with staggered hours not more than four times in any one fortnight.

A copy of these recommendations was sent to the representatives in each province.

Only one provincial association definitely requested that a letter be sent to the Minister of Labour. This was done through the National Office. In the same province, at the suggestion of the President of the Canadian Nurses Association, a telegram was sent to the Provincial Secretary, urging his support of a measure dealing with hours of duty and working conditions for hospital employees, including nurses, which was then before the Legislature in that Province.

One of the activities planned by the Nursing Education Section of the Canadian Nurses Association was a study of present day problems affecting graduate nurses. It was felt that as the problem of hours of duty is closely tied up with living conditions, they would inevitably be included in this study. The Executive of the Canadian Nurses Association expressed the opinion that in order to fulfil its work the special committee should include the study of hours of duty for the graduate nurse as well as for the students. It was felt that this could be done most effectively by collaboration with the Nursing Education Section. With this end in view the chairman of this National Section has kindly undertaken to contribute to this discussion.

The Nursing Education Section in one province reported the appointment of a special committee to study the conditions under which nurses are working. As foreseen, this includes consideration of hours of nursing service given by graduate nurses. A similar development in other provinces might prove of real value in furthering the objective of this Committee.

In the questionnaire sent out to all provincial representatives, a request was made for suggestions regarding ways in which the National Committee might be of assistance in each province. Among the most practical the following were included:

If the Committee could prove that the institution of the eight-hour day does not materially increase the cost and would lessen illness among nurses, it is felt that this information would be of great value in securing eight-hour day for nurses.

The Committee on Eight-Hour Duty can assist by keeping each provincial representative informed regarding progress made elsewhere in Canada.

Whereas the establishment of the eight-hour day will necessitate addition to personnel in order to provide for service, this Committee recommends that increase be made by adding graduate nurses or ward aides, and not by increasing student staff.

That the Executive of the Canadian Nurses Association be asked to forward a letter to Presidents of Boards of Directors recommending the establishment of the eight-hour day for students in Schools of Nursing.

That the National Committee furnish plans or schedules of service programs used in hospitals where the forty-eight hour week or ninety-six hour fortnight has been established.

As several of these, and of other suggestions received, apparently came from hospitals or individuals, it was the intention to summarize and submit them for

further analysis, and for the approval of provincial associations. However, upon the outbreak of war, members of the sub-committee felt that any movement actively stressing the necessity for shorter hours for nurses might be misunderstood, if prosecuted too vigorously in the face of this great national emergency. Therefore, further activities by the Committee were suspended until instructions were received from the Executive of the Canadian Nurses Association. At the request of the Executive, the Committee continued to function.

Early in this year a second questionnaire was prepared and sent out to representatives in each province. In this, definite information was sought regarding the prevailing hours of duty for the graduate nurse and student; summaries of progress made in each province since the last biennial meeting of the Canadian Nurses Association were also requested.

Replies were received from all provinces, but from these it is difficult to prepare any statement in detail that could be offered as an accurate comparative report. As one representative remarked: "No two hospitals seem to observe the same schedule of hours." The observation was also made by another: "It is difficult to obtain accurate information. Apparently those who are responsible do not care to commit themselves regarding the hours of duty; they are too long." It is also commented upon by several representatives that: "No mention is made of overtime". On the whole, it seems as if the warning that St. Vincent de Paul sounded to nurses over two hundred years ago might well be repeated today.

An analysis of the replies is quite revealing and brings out certain facts which may be briefly commented upon: Hours of duty quoted for graduate nurses vary from eighty-four to forty-two and a half hours per week; those for students from eighty and a half to forty-four. These hours were stated to include class periods, but not meal hours.

From the statements received, it seems obvious that the hours of duty for student nurses are, on the whole, consistently longer than those quoted for the graduate nurse. As in each instance the former included class periods, this fact may not be altogether surprising, but it seems contrary to the general belief.

The longest hours of duty for both the graduate and student nurse are those classified as "night duty". In five out of the nine provinces, one school, or more, claim that the student nurses' hours of duty do not exceed forty-eight per week. In one province alone, the maximum hours of duty were quoted as fifty-four, and the minimum as forty-four for students and forty-two for graduates. In this same province it is stated that in 76.5 percent of the schools, hours of duty for student nurses are fifty or less, and for over 90 percent of the graduate nurses hours are equally favourable. This picture is by far the brightest offered in the Dominion. It is understood that this improvement is the result of the work of several years. However, it is interesting to note that in this province legislation has existed since August, 1938, which regulates wages and hours of all hospital employees, including nurses, with only employees in the hospitals in two of the large cities being exempt. We may well ask how this was accomplished?

Some of the statements included modifying comments such as: "During period of intense study, the longer hours are necessary;" "hours reduced during summer months, or when services are light;" "difficult to give accurate figures when taking class periods into account." In several of the reports it was mentioned that hours of duty for the private duty

nurse had been reduced from twenty-four to twelve. As yet, this Committee has limited the study to hours of duty for graduate nurses employed in hospitals, but we know that the average period of duty for the private nurse has been successfully reduced to eight in several centres, and that this reduction has been in effect for several years.

In answer to a request for information regarding progress made since the last biennial meeting of the Canadian Nurses Association, the following replies were received:

Lectures and classes in some schools are now included in the time off duty.

Relief is now arranged for night nurses.

Night term is shortened.

Arrangements made for one—in some cases two—whole days off per week.

Advance posting of schedule of hours and days off.

Special consideration given to time off on holidays and Sunday for night nurses.

In several reports it was stated that the eight-hour day has been instituted. However, not all of these include information regarding time off. It is known that in some cases an afternoon off duty is not included, so this change constitutes a readjustment rather than a reduction. If taken at its face value, it is misleading.

Some observations confirm the reply summarized by one representative as follows: "I believe that the information of the special Committee has stimulated interest in this important problem". Another representative states: "The reduction in hours for the private duty nurse in this province has taken place since the resolution was passed at the biennial meeting in 1938." Some rather interesting comments include the following: "Staggered hours preferred by graduate nurses"; "reduction in hours, with corresponding reduction in salaries, refused."

At the outset of this study it was apparent that a good deal of education, even conversion, within our own professional ranks is necessary if the objectives outlined for the Committee are to receive wholehearted support. *In theory*, nearly all nurses and hospital administrators are convinced of the need for shorter hours for nurses, although a few still have misgivings about the misuse of leisure time. However, many nurses, while in sympathy, feel that the problem is too vast to be a personal one. It lies outside the sphere of their immediate concern. It belongs to another group, or to that elusive but comforting shelter--"the profession". This was evident when representatives in the different provinces were being chosen. Some nurses who hold responsible positions look back on twelve and fourteen hours of duty in "the good old days". To them, nine or even ten hours sound like progress. How much more so the eight-hour day, even for seven days in the week, and yet seven times eight continues to make fifty-six.

Administrators see the question of hours of duty bound up with accommodation and finance. They are not inclined to urge or even recommend, what is so obviously going to result in another problem—possibly a whole series of them —being left on their doorstep. The close connection between accommodation, increase in personnel, and reduction of hours of duty is reflected in repeated statements that: "with reduction of hours in mind, increased accommodation has been recommended". Living out may be desirable, but it is costly and in many centres it is not feasible.

In presenting this report the Committee on eight-hour Duty for Nurses begs to submit the following recommendations:

That the objectives of this committee as interpreted by the Executive of the Cana-

dian Nurses Association be carefully studied at this meeting.

That further consideration be given to the activities of this committee with a view to determining the extent to which these should be developed during the present crisis.

That recommendations determining policies be endorsed by the Executive Committee of the Provincial Nurses Associations before being forwarded to the National Committee on Eight-hour Duty. Official confirmations will thus be assured.

That whenever possible, provincial committees and representatives on eight-hour duty consider the advisability of working in close co-operation with the provincial sections, as the question of hours of duty is closely related to living accommodation and other conditions with which the Sections are concerned. It is felt that this will avoid overlapping and strengthen the work of the committees, both provincially and nationally.

For the past two years the efforts of this Committee have been directed largely towards organization of personnel, clarification of objectives, and the study of methods of approach. The Committee will welcome recommendations, or suggestions, that will increase its usefulness to provincial organizations, or enable it to function more effectively.

KATHLEEN W. ELLIS,
Convener.

Told by a New "Old International"

BIANCA M. BEYER

Having been a student in the Course for Nurse Administrators and Teachers in Schools of Nursing offered by the Florence Nightingale International Foundation during 1938-39, in retrospect I realize how true it is that if it were possible for the peoples of the world to mingle, to learn of each others struggles, difficulties and achievements, there would be no thought of war to settle differences of opinion, but only desire to understand, to assist if need be, always to respect.

Our year's work began on a rather sombre note, in September 1938, when there was the possibility of war, and ended with the sadness of farewells. But there was the joy of satisfaction in completing what we had set out to do, renewed enthusiasm for the work to which we were returning, the anticipation of meetings with the friends from whom we were parting, and the knowledge that a strong bond of interest and sympathy united us.

Former Canadian students, "Old Internationals" had previously described 15 Manchester Square in articles in *The Canadian Nurse,* so I was prepared for its attractiveness and graciousness of proportion, and for the warmth of the welcome I received from Miss Baggallay and Miss Dorsay. I was shown upstairs to 'the Canada room", and immediately felt at home in my new surroundings, the gold and brown colouring reflecting the glow of the Canadian woods in the Fall. It was not long before all the members of the group arrived. There were twenty-one, representing fifteen countries, including Australia, Canada, China, Denmark,

Finland, Great Britain, India, Latvia, the Netherlands, Norway, Poland, South Africa, Sweden, Turkey, and the United States of America. My first mistake was to greet my next door neighbour, on whose door "France" was printed, by asking her from which part of France she came, only to receive the answer, in a perfect Oxford accent, that her home was in England. Very soon, each member knew the other by name instead of by country, then first names took the place of surnames, and we settled down to become a happy family.

Preparatory to the course at Bedford College and the Royal College of Nursing, we were privileged to spend a preliminary period of observation in different London hospitals. The nurses in these hospitals are proud to play a part in perpetuating the great traditions of the nursing profession, and I can speak in the highest terms of their devotion to duty. The patient is always their first consideration. Such a spirit one can but admire, envy, and strive to imitate. In all English hospitals we were received kindly and accorded the greatest hospitality.

This instructive period of observation was brought to an abrupt close by reports of Hitler's activities in Czecho-Slovakia, as the hospitals began to prepare for a national emergency and the nurses for service, in a civil or military capacity. It was a frightening and never-to-be-forgotten experience to have been in London when war clouds were hovering over the country, and preparations were being made for the contingency. I wish I could describe the immense feeling of relief which followed the announcement of the result of Mr. Chamberlain's conference with Hitler. As far as our group was concerned, the Swedish student aptly expressed our reaction when, at "Certificate Giving", she said that "it takes the darkest clouds to make one realize the brilliance of the sunshine". So it was that adversity drew us more closely together and caused us to begin our lectures with a sincere feeling of thankfulness.

During these weeks in August and September, we had been welcomed not only in hospitals, but by England and the English people whom we met. To me, a London house expresses the feeling of the average English person, being rather austere outside, but full of charm and an atmosphere of comfort and serenity inside. The English individual is much like his home, inclined to be reserved until one gets "inside" where there is cordiality and friendship. Our visits during this period included health centres, institutions, and nursing organizations. We took the opportunity to become acquainted with London, its many places of historical and cultural interest, and its lovely parks. We discovered the charm of the English countryside, and even rain could not spoil our pleasure during the week-ends when we explored such beautiful places as Richmond Park, Epping Forest, Hampton Court, and Kew Gardens.

The non-English speaking students became more proficient in the language which was new to them, and those of us who spoke English learned to appreciate to a greater extent, its limitations, difficulties, and possibilities. In the evenings we frequently had guests who were well-known in the nursing, medical, and educational worlds, and who shared their knowledge with us as we sat around the cheerful fire in the drawing room. Then too, there were many lively and informative discussions amongst ourselves, when we learned about habits and conditions in other countries than our own. Such discussions were enthusiastically guided by

Miss Bridges as tutor, who, throughout the year, guided us capably and well.

Our social activities, too, were varied, and I cannot omit from this account the highlight of the year for me — my meeting with the Queen. Many of you saw King George and Queen Elizabeth during their visit to Canada, so I need not try to describe how lovely the Queen is in appearance, but her expression of interest and graciousness of manner add immeasurably to her charm, and these we were privileged to witness at the gathering in London where she was the guest of honour. The occasion was a tea given by Lady Frances Ryder and Miss Macdonald of the Isles at Seaford House, Belgrave Square. The tea was given for students from the Dominions, its object to promote friendship in the Empire. Nearly 500 students were present and as Queen Elizabeth passed from room to room, talking to many as she passed, and displaying a keen interest in the reasons for sojourns in England. It was a thrilling event to be presented to her and to have the opportunity to so closely observe her charm.

Following the Christmas holidays, an American student and myself paid a visit to Mademoiselle Mechelynck's nursing school in Brussels. Mademoiselle Mechelynck has a dual responsibility as she is both the superintendent of nurses in the hospital and the director of the nursing school which is independent of the hospital, but at which the students receive their practical training. The Department of Health and the University are both responsible for the content of the course of training for student nurses, and the basic course includes training in public health as well as in the nursing of the sick. The students enjoy the block system of training, and correlation between theory and practice is carried out by departmental supervisors. From Brussels, we travelled to Switzerland, an enchanting fairyland with mountains, pines, blue sky, deep, clean snow, and brilliant sunshine. The awe-inspiring beauty, peaceful surroundings, and invigorating air spurred us on to a fresh effort when we returned to London in the new year.

The last days of March were busy ones, getting visas and making arrangements for a five-week Easter trip to Germany, Poland, Latvia, Finland, Sweden, and Denmark. In all these countries we were entertained professionally and socially by "Old Internationals". Certainly we learned what it meant to be an "Old International", and we hope that we will be able to live up to the example set us in these European countries, in friendliness, consideration, and good fellowship with our colleagues in the nursing world. Differences in language and customs were never a barrier. Rather, we were made to feel that we were all fellow humanbeings with interests and sympathies in common.

On the day we left England for the Continent, the French President, Monsieur LeBrun and Madame LeBrun were arriving at Victoria Station to pay a visit to the King and Queen, and the station was gaily decorated for their arrival, but in our opinion it was decorated to add interest to our departure. So, an English, an American, and a Canadian student set forth happily for Kaiserswerth in Germany, the Motherhouse and centre of one of the largest and first of Protestant Deaconess Orders At this peaceful spot on the Rhine, we learned again of Pastor Fliedner's work and of its influence on Florence Nightingale. From a small church and parsonage, and a garden house which housed the first patient, has developed a community of 2,000 inhabitants, with numerous buildings including schools, hospitals, training

colleges, kindergarten, detention homes, homes for students and nurses, homes for the feeble and aged, workshops, a book shop, an administrative block, and a church. The buildings stand amid orchards and gardens, and the institution has its own farm.

I have never seen, anywhere, Sisters who looked as peaceful and serene as those at Kaiserswerth. They lead simple but happy lives, and when their period of usefulness is over they enjoy their remaining days in the same surroundings, i nthe "Feirerabendhaus", the Home of Evening Rest, and when the evening becomes night for them, they are moved to the beautifully kept cemetery within the grounds. A remark made by one of the Deaconesses impressed itself upon my mind, because it reflected the simplicity and satisfaction of her faith. I had observed that the Sisters looked very happy; the reply was, "Why shouldn't we? We know from whence we come and where we are going". That knowledge, coupled with the assurance that necessities in health, sickness, and old age are the care of the Order, inspires each Sister to a threefold service—"Towards God, towards those who need her help, and towards her fellow-workers".

From Kaiserswerth we travelled on to Berlin. Here we had an opportunity to visit the offices of the Deutsches Frauenwerk", the German Women's Work. This work, combining all women's organizations, is marvellously organized throughout Germany, and the manner of administration drew forth our admiration. We also visited Red Cross Headquarters, hospitals, and the Werner Schule, the school for postgraduate study in hospital and training school administration, for refresher courses, and for one year pre-nursing courses. Before admission to a nursing school, the student is required to have had one year's household work in a home or hospital. The period of training is one and one-half years with an additional year of practical work in a hospital.

To Warsaw, in Poland, we paid our next visit and here we found a most progressive school, the Warsaw School of Nursing. In the hospital where students from the School receive practical training, I was surprised and pleased to be greeted by the Supervisor who had just returned to Poland, having completed a post-graduate course at the University of Toronto School of Nursing. We decided that the world was a small place after all. At present there are eight schools in Poland, financially independent of hospitals, established on a tuition basis. The student nurses receive theoretical and practical instruction in the schools, practical experience in hospitals and health centres under the guidance of instructors assigned by the schools, and so are prepared for both types of work. The nine Health Centres in Warsaw we found to be of particular interest, and all have developed since 1925. Each centre has, in one building and under one direction, all activities in the field of public health, including the official health administration of the district. It is also the dispensary, giving medical advice and treatment, and includes the work of the visiting nurses in its activities. Warsaw consists of an old and a new part, and is a city of marked contrasts between medieval and modern. In it are many monuments of Poland's past glories, and an intense awakening of national spirit promises future ones.

Then we went on to Latvia, a modern Baltic State much of it having been rebuilt since 1918. In the medical field, emphasis is placed on the maintenance of health, rather than on the treatment of disease, and the organi-

zation and management of the health centres throughout the country is of particular interest. There are approximately 100 of these, similar in outlay, equipment, methods and records, and the model centre situated in Riga is indeed a model, complete even to a garage for baby carriages. A resident nurse is in charge of each centre, her work inspected regularly by a supervisor from the central office in Riga. The health centres are operated by the Red Cross in co-operation with the Ministry and the municipality. The Red Cross also conducts training schools for nurses, the program including public health as a fundamental part of the basic training, the students receiving practical training in bedside nursing and experience in the health centres. The training school in Riga was beautifully furnished and admirably equipped. The School, the model health centres, and the Red Cross Hospital were situated close together.

Nowhere were we received with more kindness and hospitality than in Riga, and every moment of our stay there, from a very early morning arrival to an equally late departure six days later, was thoroughly enjoyable. We felt highly honoured to be guests at the American Embassy for a delightful luncheon, at the British Embassy for just as delightful an afternoon tea, and at the Opera as guests of the Lord Mayor. Particularly impressive was our program on Good Friday, when, early in the morning we heard a beautiful rendition of Verdi's Requiem in the lovely Cathedral, and later paid a visit of respect to the Cemetery of the Brethren, Latvia's national shrine, where the heroes who shed their blood in the battles of the War of Independence lie buried. The cemetery is a magnificent and most imposing monument symbolical of sorrow, pride, gratitude, and an inflexible determination of the people to maintain the freedom which cost so high a price.

From Latvia our travels took us by train to Tallinn in Estonia, then by boat across the calm Baltic Sea to Helsinki, Finland. The sun was brilliant and warm, but the boat had to find a path through large blocks of ice as it neared the harbour. Again, I cannot adequately describe the gracious and kindly hospitality shown to us—hospitality which included the unique experience of having a steam bath or "sauna", a national habit because of its health-giving effects. Certainly one feels exhilarated after being subjected to extremes of temperautre, to scrubbing, and massaging. It is, as well, a novel form of entertainment. Over the Easter week-end we had the opportunity of seeing some of the country of Finland which is beautiful with many island-studded lakes, hills, and forests. Finland is akin to the rest of Scandinavia, but retains its own customs and interest. A visitor is attracted by the feeling of freshness and optimism which is prevalent, and also by the keen spirit of progress which is demonstrated in every field of activity. The nursing profession, one example, has developed along very modern lines.

By train and boat we travelled from Finland to Sweden, another country with old traditions, myriad attractions and charm. Stockholm has been described by travellers as the most beautiful capital in the world, and with this description I entirely agree. The city is built on a series of islands and is called "the Venice of the North". The picturesque old part, with its narrow winding streets, weaves a spell of enchantment, and in marked contrast is the new part characterized by buildings of modern architecture typifying the progressive spirit of a prosperous and cultured people.

Nursing in Sweden is as impressive as the country and the spirit of service

is demonstrated here more than in any other. The nurses are dedicated to their profession and wear outdoor uniform as well as uniform when they are on duty to symbolize this. The period of training is three and a half years, the last year being used for specialization in public health, psychiatry, X-ray or laboratory work, public health training not being included in the basic course. The block system of instruction is in operation here, as it is in many European countries. Of particular interest is the trial period from two to three months for applicants to nursing schools, before their acceptance and admission to the regular preliminary period of two months. The applicant is placed in a hospital where the head nurse demonstrates elementary nursing procedures and supervises the student's practice of them. This allows her to judge the applicant's ability and suitability, and also allows the applicant to decide whether or not she would like to enter the nursing profession and dedicate herself to a life of service.

I cannot refrain from mentioning a courtesy which was shown to us in a nursing school in Stockholm, because it impessed us so greatly. We were observing a class in practical nursing demonstrations, and because three English-speaking guests were present, the entire hour's instruction was given in English for our benefit. I wonder how many of us could extend such courtesy to our foreign visitors? And yet, this act expresses the Swedish nurses' idea of hospitality. From our most enjoyable visit in Sweden we travelled to Denmark, a wonderfully picturesque little country, less mountainous and more pastoral than its northern neighbours. Copenhagen, the Danish capital, is bright and lively, but with an air of dignity created by its imposing buildings and notably by its four Royal palaces. Democracy and friendliness are the key notes here and a traveller is readily accepted into the circle of friendship. Nursing, too, has developed along practical and democratic lines reflecting the feeling of the people, practical home-making experience being demanded of an applicant before entrance to a nursing course. Most of the hospitals are owned by the State or by the Municipality, and have a cheerful home-like atmosphere. Nurses employed by them are entitled to a pension. Social provisions for all classes of the people are efficiently planned in Denmark and are highly developed. Again we admired, and when our interesting and profitable visit drew to a close we returned once more to London and to Manchester Square, to begin our final term of lectures.

It was Spring in England, a spring with more flowers than I had ever seen, and with parks scintillating with life. Some of our classes were held on the lawns of the College in the midst of all this loveliness in Regent's Park, where Bedford College is situated. Our days now were even busier than before, filled with more lectures, more visits of observation, and still more gracious hospitality. But we found time to join the crowds of people along the Mall who were lined up to wish Their Majesties a safe trip to Canada, and again to join an even more enthusiastic crowd to welcome the King and Queen home, after their successful tour. So the summer season came, and with it the last day of term, the "Certificate Giving", and the final social festivity of the Old Internationals' Dinner. On both these occasions the Directors of the International Council of Nurses, who were attending meetings in London, were the honoured guests. It was a great pleasure for me to have Miss Fairley, President of the Canadian Nurses Association, present.

Now, it has all gone too soon, and I am back in Canada on duty, but with a wealth of pleasant memories, a wider perspective, and a greater understanding of professional problems. I wish it were possible for every member of the Canadian Nurses Association to have a year's course of study at Bedford College and the Royal College of Nursing, and to have the pleasure of living in the international atmosphere of Manchester Square. It was an unique and profitable experience, one which not only establishes personal contacts between various nationalities, contacts which result in international friendships, but one which also serves to actively stimulate nursing education and to further the profession as a whole.

Editor's Note:

In the August issue of the *Journal*, reference was made to the deep impression made at the Biennial Meeting by Miss Beyer's vivid story. It was given added poignancy by the beautiful moving picture, prepared by Miss Claribel McCorquodale, also an "Old International". Miss Beyer prepared this address in September, 1939, but it reads as though it had been written in another and a happier world.

REPORT OF THE CANADIAN FLORENCE NIGHTINGALE MEMORIAL COMMITTEE

The personnel of the Committee, which is comprised of representatives from the Canadian Red Cross Society and the Canadian Nurses Association, is as follows: Mrs. H. P. Plumptre, Toronto; Mrs. D. J. Thom, Regina; Miss Jean Gunn, Toronto, representing the Canadian Red Cross Society; Miss Elizabeth Smellie; Miss Grace Fairley, President, Canadian Nurses Association; Miss R. M. Simpson, (chairman); Miss Jean S. Wilson, (secretary), representing the Canadian Nurses Association.

This Committee has functioned since 1935 as a member of the Florence Nightingale International Foundation, which has carried the organisation of and the responsibility for the Memorial to the Founder of modern nursing, which in the form of post-graduate work for nurses has been established in London, England, with International House, at 15 Manchester Square, as the residence for nurses attending from many different countries.

It is unnecessary to state that the tragic situation developed in Europe in September 1939 has disrupted, for the time, the work of the International Foundation.

Prior to that date the fourth ordinary general meeting of the Foundation had been held in London with delegates attending from nineteen of the twenty-two countries with Committees organized for the Memorial. The President of the Canadian Nurses Association, Miss Grace Fairley, together with the first vice-president, Miss Elizabeth Smellie, who were in London at the time consented to represent this Committee. From their report of the meeting the following is quoted:

Dame Alicia Lloyd-Still, President of the Foundation since its inauguration in 1934, was in the chair. Sir Arthur Stanley, honorary treasurer, presented the financial report which showed a deficit for the two years 1937-39 of over £500. He was greatly heartened when the President of the International Council of Nurses handed him the cheque for £1,000 which had been voted the previous week at the meeting of the Board of Directors of the International Council of Nurses, and the American Nurses Association presented a cheque for $10,000. (£2,136). The South African Trained Nurses Association also had forwarded £2,000. South Africa and New Zealand both reported having met their quota. The report of the truly original and valiant way in which some of the countries were endeavouring to raise their allotment was received with keen interest. France and Finland were giving the proceeds of the showing of "White Angel"—this with marked success.

The question of staff was discussed, it being the feeling of some that four highly qualified members was disproportionate to the number of students enrolled. The majority of those present expressed the view that at this stage in the development of International Courses, it was essential to keep the staff at the present high quality and strength, and that these staff members should assist the Foundation by contact, whenever possible, with the various national committees. A definite sum (£150. annually) was set aside for propaganda purposes.

Reports were presented by the Committee of Management, Bedford College and The Royal College of Nursing, which showed that definite progress had been made. The programme for the ensuing two-year period showed a development and maturity which gave greater confidence to the national representatives. Many of the delegates were "Old International", who offered suggestions, and these, along with the recommendations contained in the various national reports, were referred to the Committee of Management for study and consideration.

The Grand Council expressed its willingness to co-operate with the Committee on Education of the International Council of Nurses in the study which has been undertaken with regard to post-graduate courses in the different countries.

The delegates attended the presentation of certificates to the 1938-39 students at Bedford College, among whom was Miss Bianca Beyer, the Scholarship student of the Canadian Nurses Association. Miss B. J. Alexander was elected President.

As we read this report of the representatives of our Committee concerning the splendid and enthusiastic meeting of the Foundation, it seems impossible to believe the havoc that has been wrought since that date in many of the countries which participated in it. In September, 1939, a number of students had already arrived in London for the courses, among them being Miss Mary Henderson, of Vancouver, the Canadian Nurses Association Scholarship Student for the year 1939-40, and Miss Laura Lambe, an independent student from Toronto. With the outbreak of hostilities, the Board of Management of the Foundation immediately discontinued its work, indefinitely suspended the courses and with all dispatch proceeded with arrangements for the return of the students to their own countries. International House was closed and offered for rental after all its furnishings had been warehoused. Documents, files and valuables were placed in a strong box and safely stored. A skeleton Committee, with Mrs. Maynard Carter as chairman and Miss Olive Baggallay as secretary, was appointed to act for the Committee of Management for the duration of the war and until such time as the courses might be resumed. The latest information available states that Miss Baggallay is in Finland assisting with reconstruction there, while Miss Daisy

Bridges has received an appointment as Matron of a Military Unit.

Miss Mary Henderson returned to Canada and following special arrangements with the Scholarship Committee of the Canadian Nurses Association, has spent the year in work specially arranged for her at the School of Nursing, University of Toronto, which she appreciated deeply. Observation work in certain American cities, also arranged through the School of Nursing, completed the year. Miss Laura Lambe, after some delay, also returned to Canada.

The future of the Florence Nightingale International Foundation cannot be foreseen, but it can be stated with assurance that when it is resumed, as it most surely will be, the support of the Canadian Committee will not be lacking. There will be much re-organization, much work to be re-done and many difficulties and obstacles to be met. The courage and the spirit which will be needed, are ready and waiting for the task.

RUBY M. SIMPSON,
Chairman.

REPORT OF THE SCHOLARSHIP AWARD COMMITTEE

The personnel of this Committee, appointed at the General Meeting in 1938, is as follows: Rev. Sister Mary Peter, St. Martha's Hospital, Antigonish; Miss Agnes Macleod, School of Nursing, University of Alberta; Miss K. I. Sanderson, convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association; the President of the Canadian Nurses Association (ex officio) and Marion Lindeburgh, convener.

An announcement regarding the scholarship for 1939 appeared in *The Canadian Nurse*, in October, November, and December of 1938. Only three applications were received, in contrast with eight the previous year. The Committee felt that something should be done in this connection in the way of publicity through provincial associations or alumnae associations, to stimulate interest in this opportunity for professional advancement. From the three applications received, an unanimous decision was made in favour of Miss Mary E. Henderson, of Vancouver. As we are aware, Miss Henderson was obliged to return to Canada as a result of the outbreak of war. She enrolled in the School of Nursing, University of Toronto, to undertake a year of post-graduate study there.

Owing to the fact that the Committee of Management of the Florence Nightingale International Foundation found it necessary in September 1939 to discontinue the International Course temporarily, the Scholarship Award Committee recommended to the Executive Committee of the Canadian Nurses Association that the announcement prepared for the October issue of *The Canadian Nurse* be withdrawn, and that no international scholarship should be offered by the Canadian Nurses Association in 1940. This recommendation was approved.

The Scholarship Award Committee received the following resolution from the Executive Committee of the Canadian Nurses Association last December: "This might be an opportune time to sponsor scholarships for post-graduate

study within the Dominion, in place of the Nightingale Memorial Scholarship, until such time as the latter may be resumed". In response, the Scholarship Committee recommended to the Executive Committee that every effort should be made to stimulate interest in further professional study either through a plan of inter-provincial exchange, periods of observation, or post-graduate courses The Scholarship Commi tee suggested that nurses who are keenly interested in securing such study should be helped by the granting of financial assistance in the nature of bursaries, to meet individual needs, rather than through scholarship awards which would imply competition and demand set standards of qualification. The Committee felt that by granting bursaries instead of scholarships, worthy nurses who might not be eligible for scholarships could receive assistance. Following this communication, the Scholarship Award Committee was notified that a joint meeting of the Exchange of Nurses Committee, the Florence Nightingale Memorial Committee, and the Scholarship Award Committee would be held in Calgary on June 24 to discuss matters of related responsibilities of these committees. The report of this meeting will be presented at a later time.

MARION LINDEBURGH
Convener.

REPORT OF THE FLORENCE NIGHTINGALE MEMORIAL COMMITTEE OF THE C. N. A.

So that the objects of the Florence Nightingale International Foundation may be fresh in our memories, I quote: "To establish and maintain a permanent International Memorial to Florence Nightingale, in the form of an endowed Trust for post-graduate nursing education, and the maintenance and development of facilities for post-graduate education for selected nurses from all countries."

There are approximately twenty other countries contributing proportionately, as we in Canada are. At Halifax, two years ago, we gave promise to support the Florence Nightingale Memorial Scholarship and Endowment Fund for four more years. We are but half-way through that period and a very different picture presents itself today. Our obligation, however, continues.

At the December meeting of your Executive, very thoughtful discussion took place regarding the immediate future of the Fund, which resulted in this resolution being adopted and copies being promptly forwarded to the provincial conveners. The resolution reads as follows:

That in order to keep alive among the nurses of Canada the objects of this Foundation, contributions be solicited as usual for the Endowment Fund of the Florence Nightingale Memorial Fund until such time as the obligations as undertaken in 1938 are fulfilled.

Demands upon us individually, which collectively means upon our various groups—to loosen our purse strings, have multiplied a hundred-fold since the outbreak of war. It is with a renewed feeling of pride in our Association that I am able to say that you have not allowed the reverberations of war to divert your interest to any appreciable extent from

this international undertaking. Whether it be loyalty or pride, or promptings of interest in helping the other fellow, we are slowly reaching our goal.

Whilst no one can foretell what the future plans for the Foundation will be, we do know this, that every dollar contributed now during the war period, will lessen our financial responsibility when that future has arrived. 1940 completes the eighth year in which the Foundation has been functioning, and the sixth year for collecting funds. In that time, Canada, through your efforts has contributed the amount of $16,250. ($7,500 to the Endowment, and $8,750 to scholarships). Of the total amount, $4040 has been contributed during the biennium, 1938-1940. Our up-to-the-minute *Journal* keeps you informed of amounts forwarded from month to month by provincial groups, so reiteration here would be wearisome.

While it is not in my province to mention students who have gone from Canada, I must refer to this year's successful candidate, whose experience in Britain was so soon terminated. The amount of the scholarship, $1250 was, of course, transferred to London in readiness for Miss Henderson. An unfavourable rate of exchange made it inadvisable to return the money to Canada so the Foundation placed it to the credit of the Canadian Nurses Association in London, and we were happy to be able to replace the amount to enable Miss Henderson to pursue her studies at a Canadian university.

The provincial conveners include:
Alberta, Miss Kathleen Stackhouse (successor to Miss Gertrude Allyn).
British Columbia, Mrs. H. J. C. Walker.
Manitoba, Miss Isobel McDiarmid.
New Brunswick, Miss Edna Dickson.
Nova Scotia, Miss Muriel Graham.
Ontario, Miss Sadie Williams (successor to Miss Agnes Neill).
Prince Edward Island, Miss M. King.
Quebec, Miss Norena S. Mackenzie.
Saskatchewan, Miss Ruby M. Simpson.

Our hearty thanks, and sincere appreciation for your help!

KATHLEEN I. SANDERSON,
Convener.

REPORT OF THE NATIONAL JOINT COMMITTEE ON ENROLMENT OF NURSES

The National Joint Committee on Enrolment of Nurses for Emergency Service is composed of the following representatives — three from the Canadian Red Cross Society: Mrs. H. P. Plumptre (chairman), Miss Jean Browne, Dr J. T. Phair, and three from the Canadian Nurses Association: Miss E. Howey, Miss I. Weirs, and Miss I. McEwen. Four meetings of this Committee have been held during the year.

Following the meeting of September 7, a telegram was sent to each Provincial Joint Committee, requesting information regarding the mobilization of military hospital units, and also information as to whether the military districts were in receipt of the lists of enrolled nurses, available for this service. This information was obtained by September 9, 1939.

At the meeting of the National Joint Committee held on September 29, Miss

Jean Gunn was asked to sit in and to bring a report to the Committee of the conference which she (as a substitute for Mrs. Plumptre, chairman of the National Joint Enrolment Committee), and Miss Smellie, first vice-president of the Canadian Nurses Association, had with the Director General of Medical Services. Miss Gunn reported that Colonel Potter (then D.G.M.S.) had not given them any assurance that these lists would be used, but stated that he had no objection to the District Medical Officers using these lists, and that he would write these officers, stating the object of the enrolment and making the lists available to all military districts. Colonel Potter claimed that he could not give a definite answer since the declaration of war, as to what extent these lists would be used without the authorization of the Minister of National Defence. On the request of this Committee, the chairman wrote directly to the Minister of National Defence, asking for a clarification of the situation, and also wrote to Dr. E. H. Coleman, Under Secretary of State, who is in charge of the Voluntary Service Bureau to inform him of the work of the National Joint Enrolment Committee.

On March 1, when the Committee next met, Miss Jean Wilson, Executive Secretary of the Canadian Nurses Association, who was in the city, was present on the invitation of the chairman. During the discussion which took place at this meeting, it was brought to the attention of the Committee, by Miss Wilson, that the army regulations had been amended, making registration of nurses compulsory for all those engaged by the Royal Canadian Army Medical Corps. A copy of these regulations has been procured since from the Department of National Defence. It was reported also that the Minister of National Defence and the Under Secretary of State had acknowledged receiving the information regarding the lists of nurses available for service, and that these would be in the offices of the District Medical Officers when needed. Each Provincial Joint Committee has been contacted and asked to send in to the National Office their latest complete list of enrolled nurses, in order that the Department of National Defence will have them available for service when needed.

Up to the date of this report, approximately 150 enrolled nurses have been called up for active service in the following military hospitals:

No. 15, General Hospital, Toronto 80 nurses.

No. 5, General Hospital, Winnipeg, 50 nurses.

Neurological Unit, 20 nurses.

The following table shows that the quota of nurses, which was set up as an objective in this enrolment plan, has been exceeded by over 1,000 names; and that six of the Provincial Divisions have exceeded their quota.

Province	*Quota*	*1938*	*1940*
British Columbia	525	262	546
Alberta	170	121	215
Saskatchewan	270	164	256
Manitoba	110	96	358
Ontario	725	448	1,296
Quebec	840	500	802
New Brunswick	125	86	118
Nova Scotia	175	106	242
Prince Edward Island	60	64	86
Out of Canada			161
	3,000	1,847	4,080

At the meeting of the Committee held on April 12, the following recommendation was made: "That this Committee, having fulfilled its objective of providing a list of 3,000 enrolled nurses,

available for emergency and war service, and having exceeded its quota of enrolment by over 30%; and having the assurance of the Minister of National Defence that these lists will be used in mobilizing the nursing personnel of military hospitals, now respectfully requests its two constituent bodies to decide as to whether it should now be disbanded."

F. I. McEwen
Secretary.

REPORT OF THE COMMITTEE ON HISTORY OF NURSING IN CANADA

In October 1938, the Executive Committee of the Canadian Nurses Association appointed a committee of three to study the question of a History of Nursing in Canada, and named Miss Jean Browne, Miss Jean Wilson, and the convener to act, with power to add to their number. A preliminary study made by the Committee revealed the inadequacy of available data relating to the development of nursing in Canada. As a first step, therefore, it was recommended that systematic assembling of available data should be undertaken, and that an intensive and extensive search for further historical material should be promoted. In this connection, historical material was interpreted to include information and pictures regarding early hospitals, schools of nursing, pioneer public health nursing, and biographies of nursing leaders.

It was the opinion of the Committee that such work could best be done on a provincial basis, with the understanding that if and when a history is to be written such material shall be put at the disposal of the Canadian Nurses Association. With this object in view, the Provincial Associations of Registered Nurses were approached and sub-committees were appointed in all provinces to undertake this task. The conveners of provincial committees were added to the national Committee, those appointed being Miss Kate S. Brighty, Alberta; Miss Mabel F. Gray, British Columbia; Miss Edith McDowell, Manitoba; Miss A. A. Burns, New Brunswick; Miss M. Haliburton, Nova Scotia; Miss E. L. Clarke, Ontario; Miss Margaret Campbell, Prince Edward Island; Miss Martha Batson, Quebec; and Miss May Reid, Saskatchewan. A letter of suggestions was sent to each provincial committee, as a guide in initiating the work. Considerable progress has been made in the Provinces of Ontario, Alberta and British Columbia, while the remaining Provinces have made a beginning.

To stimulate further effort, our President, who attended the interim meeting of the Executive Committee of the International Council of Nurses in London last summer, brought back the recommendation that each member-country proceed with its own national history. It is the hope of the Committee that at the end of the next two-year period sufficient material will be forth coming to justify a recommendation that the writing of a History of Nursing in Canada be authorized. The help of every nurse in Canada is needed if the result is to be worthy of the

women who have built the nursing tradition in this country.

In the opinion of the National Committee, it is desirable that the preliminary phase of assembling and collecting historical material should be continued. It is recommended that this work be extended for the next two-year period. The Committee further recommends for consideration a proposal that when provincial committees reach the stage where clerical assistance is necessary in order to proceed with the work, financial assistance not to exceed fifty dollars per province may be granted by the Canadian Nurses Association on the recommendation of the convener of the National Committee on History of Nursing.

MARY S. MATHEWSON,
Convener.

REPORT OF THE PUBLICATIONS COMMITTEE

The business of this Committee has been entirely covered by correspondence with the exception of a brief conference with the other members following the 1938 convention.

The Report of the editor and business manager speaks for itself. It is indeed gratifying to note that notwithstanding the increase in size, the change in cover, and the additional cost of production of the *Journal*, there is a steadily increasing bank balance. This is due entirely to the vigilance of the editor.

In her report, the editor refers to the excellent work of several of the Provincial Canadian Nurse Committees with a consequent increase in subscriptions. This is true and is encouraging, but it is regrettable that even with these additional subscribers there are only 20.32 per cent of the members who are taking the *Journal*, or should one say there are 79.68 percent, who are not subscribing and are, therefore, not availing themselves of the professional information that the *Journal* alone can provide. If this 79.68 per cent would support their Association by subscribing and contributing articles of professional interest to *The Canadian Nurse*, the editor's responsibilities would be lighter and her duties definitely brighter.

The outstanding changes since the last convention are those decided on at the Halifax meeting, namely, better office accommodation for the editor and staff (you may remember that the office at that time was very small and inadequate). The other is the size and cover of the magazine already referred to.

One matter of policy has been referred to the full Executive. A request to insert an advertisement from a commercial registry was received and discussed at the Executive meeting in June, 1939. The following decision was made:

That no commercial registry be allowed to advertise in *The Canadian Nurse* until the Publications Committee has formulated a definite policy in regard to this matter and has reported to the full Executive at the General Meeting 1940 of the Canadian Nurses Association.

This has been presented to the full Executive on June 24 with the following recommendation:

In order that the *Journal* may be safeguarded from advertising by Commercial Registries, therefore it is recommended that all applications from registries for advertising space in the *Journal* shall be referred by the editor to the Publications Committee.

Conditions have changed so rapidly and frequently since the last meeing that it has been necessary to send announcements often at the last minute and necessitating speedy adjustment in set-up, but this unavoidable disregard for "dead line" has been cordially accepted by the editor. I would like to take this opportunity of thanking the editor and her staff for their loyal support to the Association during two very difficult years.

I would like to suggest that we follow the precedent of publishing a convention number as was done following the 1938 convention. The additional cost is approximately $350. but its value cannot be estimated.

The members of the Publications Committee are Miss Jean Gunn, O.B.E.; Miss Ruby Simpson, O.B.E., and Miss Fairley.

GRACE M. FAIRLEY,
Convener.

REPORT OF THE EDITOR OF THE CANADIAN NURSE

At the biennial meeting of the Canadian Nurses Association, held in July, 1938, a resolution was adopted which embodied the following guiding policies: (1) that, at the discretion of the editor, the *Journal* should be enlarged; (2) that the editor should be given sufficient assistance to enable her to devote more time to editorial work; (3) that suitable office accommodation should be secured. In accordance with these policies, the following action has been taken: (1) the *Journal* has been increased from 56 to 64 pages in regular issues. In order to provide space for the publicity concerning the biennial meeting of the Canadian Nurses Association, the last three issues have been further increased to 68 pages; (2) a clerical assistant has been added to the staff, thus making it possible for the editor's secretary to undertake the detailed work involved in the preparation of advertising material; (3) simple but adequate office accommodation has been secured, and the work of the *Journal* is now carried on under conditions which ensure the comfort and convenience of the staff.

All these measures, while beneficial in themselves, nevertheless involve added expense. Fortunately there has been a corresponding rise in the revenue obtained from subscriptions and advertising and it has therefore been possible for the *Journal* to meet the mounting cost of production out of its own earnings. The fact that the *Journal* was able to ensure the renewal of existing advertising contracts, as well as to obtain some new ones, may be attributed to the steady rise in circulation, the enlargement of the *Journal*, and the use of a two-colour cover.

At the last biennial meeting of the Canadian Nurses Association it was necessary to report that during the previous two years, circulation had decreased by 20 per cent. All the ground lost has been regained and the trend is

still upward. The present total circulation in Canada and other countries is 3669. The net gain in circulation in Canada is 907 or 34 per cent.

This substantial increase has been chiefly brought about by two factors: (1) the excellent work done by various groups and individuals under the auspices of the Provincial Associations of Registered Nurses; (2) the enlargement of the *Journal*, and the improvement in its content. Since these factors are related to one another, they may be considered at the same time. Remarkable progress has been made by some of the Provinces in the organization, on a permanent basis, of Provincial Canadian Nurse Committees. The Provincial Associations are free to set up these committees and to direct their work in the manner best suited to local conditions and, where the plan is firmly established, the following encouraging results have been obtained:

1. Direct communication is maintained between the Provincial Association and the *Journal*, by means of an alert and informed group of nurses who are actively interested in the magazine.

2. Each Provincial Committee is in itself the nucleus for a continuing campaign for circulation. Because it is made up of representatives from many groups, it is in a position to distribute information and to enlist support without waste of time or duplication of effort.

The Registered Nurses Association of British Columbia has signified its intention of subscribing for one hundred copies of the *Journal* to be distributed monthly to nurses working in the outlying parts of the Province. This excellent plan will begin in September 1940, thus making it possible for these nurses to receive the special convention number.

3 In some Provinces, the Committees have undertaken the co-ordination of publicity in the *Journal* concerning all local activities. In Ontario, good results have already been obtained and elsewhere this plan is being adopted to good advantage.

4. By means of contacts afforded by working with these committees, the editor has been able to obtain excellent original articles, written expressly for the *Journal* by some of the younger nurses.

5. In order to promote circulation within their respective Provinces, the committees have prepared exhibits, similar to those displayed at this meeting. In so doing, they have learned at first hand something about the financial problems which any self-supporting journal must face. They have also discovered that the *Journal* is worth reading' and have devized ways and means whereby they may demonstrate its usefulness.

If circulation is to be maintained and increased, the Provincial Committees should be encouraged and strengthened in every possible way. Although the personnel changes, they are nevertheless permanent in character, and those who have served on them remain friends of the *Journal*. Each convener seems to hand on to her successor something of her own experience and enthusiasm. In a geographical sense, the nine Provincial Associations are widely separated, and even within the boundaries of a single Province, the various centres are distant from one another. Fortunately, the experience of the past two years shows that the Provincial Canadian Nurse Committees are capable of bridging the gap.

The Auditor's Report for 1938 and 1939 is presented herewith and may be inspected by any member of the

Canadian Nurses Association. Its principal findings are that in 1939, the *Journal* made a cash profit and that the deficiency account has been completely wiped out and transformed into a small surplus. During the first four months of 1940 (necessarily not included in the Auditor's Report) further progress has been made, and at the time of writing there is a reserve fund which is equal in amount to the total grants made by the Canadian Nurses Association during the years 1933, 1934, and 1935, when the *Journal* failed to pay its own way. It may therefore justly be claimed that for the first time in eight years, the Journal is "out of the red".

How long this happy state of affairs will continue is open to question. Any business which depends upon revenue from advertising is in a precarious condition in times like these. In 1938 and in 1939, the *Journal* derived more revenue from advertising than from subscriptions, and a sharp decline would therefore have serious results. It might be possible to offset the loss to a limited extent if earnings from circulation were to be materially increased, but a rising circulation brings about a corresponding increase in the cost of production.

It must not be forgotten that *The Canadian Nurse*, like all other magazines which derive revenue from advertising, is thereby enabled to offer to the subscriber a journal which actually costs far more than she pays for it. The deficit is made up out of the earnings from advertising. It is apparent, therefore, that if revenue from advertising fails, that the *Journal* cannot continue to be self-supporting unless expenditure is correspondingly reduced. So far, this contingency has not arisen, but the fact remains that it may, and that such a possibility cannot safely be ignored.

During the past two years, the editor has been instructed to enlarge the *Journal* at her discretion. This responsibility has been a heavy one, and she is grateful to the President of the Canadian Nurses Association and the Publications Committee for giving her the benefit of their sympathy and understanding. It has seemed wise to go slowly, rather than to undertake a program of rapid expansion from which it might be both embarrassing and costly to withdraw. Improvements have been made to the extent which seemed prudent in the circumstances, and every effort has been made to develop the potential sources of strength disclosed by the work of the Provincial Canadian Nurse Committees.

Prompt and efficient production of the *Journal* requires that accurate and under the pressure of a definite time limit. The three members of the *Journal* staff, Miss Mary Birnie, Miss Kathleen Williams, and Miss Ethel Hughes have all responded admirably to the heavy demands thus made upon them. The editor is sincerely grateful to them for their competent, loyal and ungrudging service.

Reference has already been made to the enlightened leadership given by the Publications Committee, and to the outstanding value of the work of the Provincial Canadian Nurse Committees. The various nursing organizations continue to support the Official Directory, thus affording most valuable opportunities for direct contact as well as providing an important source of revenue. Even in these days of storm and stress, the Alumnae Association of the School of Nursing of the Hamilton General Hospital stands firmly by its

rule that every member must be a subscriber. There are many other friends of the *Journal*, in all parts of Canada, who through the years have worked for it, written for it, and had faith in it. It has been an inspiration and a privilege to share the adventure with them.

ETHEL JOHNS,
Editor and Business Manager.

REPORT OF THE SPECIAL COMMITTEE ON HEALTH INSURANCE AND NURSING SERVICE

Following my appointment as convener at the Biennial Meeting of the Canadian Nurses Association, 1938, it seemed wise to have a small committee appointed in each provincial association who would be on the alert for any new developments in Health Insurance, in the projection of which the National Committee might be of assistance. Following correspondence with various nurses, the following provincial representatives have been cooperating during this biennium: Alberta, Miss Catherine Clibborn; British Columbia, Miss Mabel Gray; Manitoba, Miss E. A. Russell; Ontario, Miss Edna L. Moore; New Brunswick, Miss Maude Retallick; Nova Scotia, Miss Edith Fenton; Prince Edward Island, Miss Hattie MacLaine; Quebec, Miss Esther Beith; Saskatchewan, Miss Elizabeth Smith.

Reports which have been received indicate that while there is considerable interest in Health Insurance throughout Canada, no new developments have been proposed, although the need for such schemes is being increasingly recognized. Co-operative plans are organized privately among the employees of numerous industries, which provide for medical care and in many instances, hospitalization also. No reports of the inclusion of nursing as a special service in any of these schemes have been received.

Group hospitalization policies have been developed by a large number of hospitals in the interests both of their local communities and of the hospital finances. This appears to be the most significant step in the provision of adequate care of those who are ill which has been taken in the past two years. Nursing service is included only in so far as it is a part of the hospitalization scheme.

An interesting comment from Glace Bay, Nova Scotia, throws some light on the functioning of one hospital insurance scheme:

> There is considerable talk at the present time about the establishment of a clinic. If this is done, the money the men are paying will be placed in a fund and the doctors will be engaged on a salary basis. The system we have now is, at times, abused. Patients enter the hospital for minor ailments, and those cases could be treated in their homes if we had a nursing service under the control of the hospital. If the present system is changed, no doubt a nursing service will be included in the set-up, and it would do untold good in the community.

In Ontario, the Associated Medical Services, which has the full endorsation of the Ontario Medical Association, includes nursing service as a part of the benefits available to each of the

15,000 subscribers. The opinion is expressed by the Ontario convener, that "the development of community nursing service programmes is the basic need at the moment".

The Alberta report suggests a similar thought. "Public Health Nurses recognize the need for such service chiefly as it is concerned with the community". This report continues, "The Private Duty Nurses, in particular, realize the necessity of a system which will be more definite financially, and at the same time provide nursing service to those who under present conditions cannot afford it."

There is a general agreement from all parts of Canada that this special committee should continue to function. It is also felt that the appointment of a similar special committee in each provincial association would provide a useful medium through which studies of existing health insurance schemes could be made. In addition, such committees would be prepared to take the initiative in advocating the inclusion of nursing services in health insurance schemes when such steps seemed appropriate.

MARGARET E. KERR,
Convener.

REPORT OF THE COMMITTEE ON COMMUNITY NURSING SERVICE BUREAUX

This Committee was formed in 1936 following the biennial meeting of the Association in Vancouver. Its objective was the promotion of the study of the nursing needs of the community and the re-organization of registries or the establishment of Bureaux to meet such needs. Financial assistance was authorized by the Association to the extent of $4000 per year for a two-year period. The co-operation of the Victorian Order of Nurses for Canada in the development of the objective was sought.

As reported at the biennial meeting held in Halifax in 1938 a Joint Advisory Committee was set up in 1936 comprised of representatives of the Victorian Order of Nurses and the Canadian Nurses Association. All activities of the Committee have been carried on under the direction of this Committee, its executive being comprised as follows: chairman, Mrs. Robert Reford; vice-chairman, Miss E. L. Smellie; secretary, Miss Jean Gunn. During a portion of the term Miss Smellie served as acting-chairman.

It is with regret that the Committee must report that the stated objective has not been completely attained. Although there has been considerable study given to the problem, and although registries in every province have been developed and in many cases re-organized, there has not been one community nursing service bureau established, under the Committee, in any province. Several requests for financial assistance in such organization have been received and have been given most careful consideration, but in no case did they meet with the requirements as agreed upon by the Joint Advisory Committee. Cities which may be listed in this connection are: London, Ontario; Moose Jaw, Saskatchewan; Vancouver, British Columbia.

No requests have been received since early in the year 1939, although each Provincial Association was reminded in January of the Committtte and of its possibilities for assistance, both financial and advisory. The Committee has been inactive for the greater part of the past year. Accordingly the Committee has given thought to the advisability of recommending to the two co-operating organizations, the Victorian Order of Nurses for Canada and the Canadian Nurses Association, the desirability of its discontinuance. Such action is favored by twenty-one of the twenty-three members of the Joint Advisory Committee, this being the number from whom replies to a questionnaire were received. Upon receipt of this unanimous opinion, the advised action was reported to the Victorian Order of Nurses for Canada by the vice-chairman of the Committee, Miss Elizabeth Smellie. She now reports that the recommendation for discontinuance of the Committee was accepted by the Executive Council of the Victorian Order of Nurses for Canada at a meeting held May 15, 1940.

The following resolution is now submitted for the consideration of the Canadian Nurses Association:

Whereas the Joint Advisory Committee of the Victorian Order of Nurses for Canada and the Canadian Nurses Association, appointed to encourage and further the establishment of Community Nursing Service Bureaux in suitable centres in the various provinces of Canada, has received no request for assistance in such a project since early in the year 1939, and whereas the centres studied during the years 1936-1939 have not resulted in the establishment of a Bureau in any case, it is therefore recommended that the Canadian Nurses Association do now authorize the discontinuance of the Committee.

It is felt by members of the Committee that such action need not interfere with the re-opening of the matter at any future date, since if the need arose a new Committee might at any time be appointed. The re-organization of registries, which is apparent in every province, would indicate that the ideals of the Bureau, as held by the Committee, are being worked out and the need will thus be met.

RUBY M. SIMPSON,
Chairman.

OUR OFFICIAL PHOTOGRAPHERS

The lively illustrations which adorned the pages and the cover of the August issue were the work of three skilful amateur photographers, all of whom happen to be members of the Victorian Order of Nurses. Their names are Lillian Wooding, of Gibson's Landing, British Columbia; Jean Whiteford, of Saskatoon, and Viola Leadlay, of Edmonton. At every session of the C.N.A. convention they were on the watch for celebrities and other photogenic subjects, and seemed to have a special talent for persuading their victims to pose against attractive backgrounds and to "look natural" while doing so. The *Journal* is very grateful to its "official photographers" and hopes to publish more of their excellent pictures later on.

This seems to be a good time to ask all our readers to be on the lookout for photographs which might appropriately be published in the *Journal*. Characteristic Canadian landscapes are especially welcome, and so are "action" pictures of nursing procedures. Quite small snapshots can frequently be enlarged to great advantage, so let us see your prints. We promise to return them promptly and to take good care of them.

REPORT OF THE EXCHANGE OF NURSES COMMITTEE

The functions of the Exchange of Nurses Committee are to arrange for exchange of members of the Canadian Nurses Association with nurses of other English-speaking countries; also to arrange for periods of observation for Canadian nurses, as well as for nurses from other countries who wish to come to Canada for a similar purpose. All these nurses must be members of their respective national nursing organizations.

The first exchange with New Zealand went into effect early in March, 1939, when a member of the school nursing staff of Vancouver, British Columbia, went to New Zealand, and a district nurse from that country came to Vancouver. The general plan for this exchange was: (1) period of exchange to be for one year; (2) both nurses to remain on the pay roll of their School Board or controlling authority; (3) each nurse to be responsible for her travelling expenses; (4) the exchange to be put into effect at a date suitable to both nurses and their employers.

Negotiation for exchange between two staff nurses in a Canadian hospital with nurses holding similar positions in New Zealand had advanced so far that reservations for sailing from Canada had been made, when war was declared and all negotiations had to be postponed indefinitely. Also plans were advanced whereby a nurse from New Zealand would obtain experience and study in tuberculosis nursing in Canada. These plans also had to be postponed. The secretary of the New Zealand Registered Nurses Association has advised that as soon as negotiations can be resumed, a member wishes to exchange with a public health nurse in Canada.

During 1938-39, programs were arranged for several nurses, all of whom wished to spend some time in Great Britain for observation in visiting and public health nursing or in various hospital nursing services. The itinerary for one public health nurse included brief visits to Holland and France. In the same year, several nurses from Great Britain and one from New Zealand spent some time in observation in Canada. The outbreak of war caused cancellation of completed plans for a nurse from England to Canada and for two Canadian nurses to Great Britain; one Canadian who sailed early in August 1939, completed her itinerary of three months in public health nursing, then enrolled for a midwifery course.

The Committee deeply appreciated the courteous attention given to all correspondence and requests by the Royal College of Nursing authorities in London, England, in connection with making arrangements for periods of observation on behalf of Canadian nurses; the latter as they return to Canada express their gratitude to the Committee and emphasize their indebtedness to Miss Hester Parsons, Director in the Education Department, the Royal College of Nursing, and to the authorities of various agencies or institutions which make available their varying resources to nurses from this country.

Approval was given by the Committee to recommendations proposed by the Royal College of Nursing, namely, that all nurses who wish to add to their professional knowledge by observation should have several years graduate experience and that the minimum length of any itinerary should be two months.

In March 1940, it was learned that of the twenty Canadian nurses who were recruited by the Committee early in 1938, in response to a request from the Secretary of the South African Trained Nurses Association, nine had returned to Canada, ten were still employed in various hospitals in South Africa while one had married and setttled in that country.

Numerous requests for information have been received. Upon learning that the terms for exchange include (1) the applicant to be in a permanent position and (2) her employer willing to accept a nurse in exchange, no further correspondence was received from those sources. Also, there has been the occasional inquiry by which the Committee is regarded as an employment or placement agency; this type of inquiry receives a reply

in which are stated the functions for which the Committee has been appointed.

In December 1939, the Executive Committee of the Canadian Nurses Association recommended that, for the duration of the war, the objective of the Exchange of Nurses Committee be the encouragement of interprovincial exchange. The Committee met to consider the recommendation and after lengthy discussion adopted the following resolution: "Whereas, in the opinion of the Exchange of Nurses Committee, promotion of interprovincial exchange and of observation study depends to a great extent on the desire of the individual nurse to benefit by such projects, therefore be it resolved this Committee recommend to the Executive of the Canadian Nurses Association that at the forthcoming annual meetings of the Provincial Associations of Registered Nurses, the attention of nurses be drawn to the desire of the Exchange of Nurses Committee to learn the demand for interprovincial exchange and periods of observation."

When this resolution, together with resolutions from two other special committees, were studied by the Executive Committee in March 1940, the latter asked that a joint meeting be held of the three special committees, (namely: Exchange of Nurses, Scholarship Award, and the Florence Nightingale Memorial), for the purpose of giving concerted study to the several resolutions. The joint meeting was held in Calgary on June 24, 1940. Decisions reached will be reported at a later session.

The committee held six meetings at the National Office in Montreal. The committee consists of ten members, five of whom are: Miss Grace M. Fairley, Vancouver; Miss Catherine Lynch, Winnipeg; Miss Jean E. Browne and Miss F. H. M. Emory, Toronto, and Miss E. L. Smellie, Ottawa; five reside in Montreal — Misses M. Lindeburgh, F. Munroe, M. Nash, the convener and the Executive Secretary of the Canadian Nurses Association, who acts as secretary to the committee. A report of each meeting is sent to all members of the committee and on occasions when important decisions are anticipated, the opinion of each member has been sought prior to a meeting.

MABEL K. HOLT
Convener.

REPORT OF STUDY, NATIONAL FIELD SECRETARY

The special committee appointed to study the development in the near future of the office of a National Field Secretary submits herewith a report on that study. The Executive Committee of the Canadian Nurses Association in meeting on March 11, 1939, after hearing the interim reports of the Provincial Associations adopted the following resolution:

Whereas it has been accepted as desirable that more direct contact should be made between the Canadian Nurses Association and its federated units, be it resolved, that this Executive recommend that study and consideration be given to the development in the near future of the office of a National Field Secretary and that a Committee be appointed to study this matter and report at the General Meeting in 1940.

Historical Data: During the first fourteen years, Canadian Nurses Association work was carried on by the voluntary contribution of members, chiefly the honorary officers. In February 1923, a National Office was established and an Executive Secretary appointed. In August 1924, the Executive Secretary assumed dual responsibilities by becoming Editor and Business Manager of *The Canadian Nurse*. One clerical assistant was added to the staff. Two years later a bookkeeper was appointed. This staff of three carried on until January 1, 1933, when the Executive Secretary was relieved of editorial duties; since then National Office staff has consisted of an Executive Secretary and one clerical assistant.

Organization Development: The activities of the Association have increased and expanded steadily until now it must be recognized that with the present staff, it will be impossible to develop additional creative undertakings.

Organization development has been dependent to quite an extent on the voluntary contribution of members who have become responsible for the functioning of special committees—the means by which many objectives have been attained. A certain amount of voluntary contribution is essential and desirable but the question now arises: should the Canadian Nurses Association continue to expect so much through voluntary contribution from its honourary officers and special committees? Rather, should not promotion of the National Organization program be assigned more to executive officials?

Among present creative undertakings and studies delegated to special committees, the conveners of which could be relieved considerably by the appointment of another well qualified executive officer, are the following:

1. The National Committee on Education.

2. The Study of Eight-Hour Duty for Nurses.

3. A History of Nursing in Canada.

Also there is the bringing up-to-date of A Brief History of the Canadian Nurses Association.

Placement Service or Bureau: Should a National Placement Service or Bureau be established, periodic visits to the Provinces by a National Office official could become most valuable; that official could gain a knowledge of the institution and agencies employing nurses as well as have direct contact with those who might wish to use the Placement Service when desiring a change in position.

It can be anticipated that within a few years fees from a Placement Service would carry that undertaking; as the Service grows a full-time official (director) would be required, in the meantime it should be possible to build up a Service if an additional executive officer is appointed to National Office Staff.

Provincial Relationship: During the present biennium, there has been a successful application of the policy adopted at the General Meeting in 1938, namely that the C.N.A. official program be promoted by attendance of the Association's officers at provincial meetings. However, the Association must bear in mind there are limitations to Administrative Boards approving the absence of an executive officer for such visits while serving as an honourary officer of the C.N.A.

There appears to be at present a lack of appreciation by the individual nurse as to the interrelationship of the provincial, national and international nursing

organizations. The benefits derived from personal contact are so well recognized that they do not require elucidation in this report. However an executive official who could be given the opportunity of visiting the Provinces could interpret the needs of nurses and stimulate the Provincial Associations as has not been possible heretofore.

Also, during the past two decades the offices of the provincial associations have developed to a marked degree. In this development, in some instances, at least, nine offices have undertaken work that could have been done readily through co-ordination of effort at a central office.

Conclusion: In the opinion of the Study Committee, it is for the Provincial Associations to decide whether there is need for the appointment of an additional member of National Office Staff, a nurse possessing wide experience and an appreciation of national-provincial relationships, to serve as (a) a national field secretary *or* (b) Assistant to the Executive Secretary.

This Committee recognizes this may not be an opportune time to suggest changes entailing increased expenditure, however, it may be the time when a strengthened National Office might become of inestimable value to the provincial associations and to the profession as a whole. Therefore this Study Committee begs to submit its findings to the Executive Committee on March 2, 1940, with the suggestion that prior to the General Meeting a copy of the report be sent to each Provincial Association of Registered Nurses.

ELIZABETH L. SMELLIE, (*Convener*),
GRACE M. FAIRLEY,
JEAN S. WILSON.

ASSISTANT EXECUTIVE SECRETARY

The Committee on Selection invites applications for the position of Assistant to the Executive Secretary of the Canadian Nurses Association.

It is essential that those applying be women with sound professional training and broad experience, capable of assuming responsibility for the development of educational programs and various phases of organization work.

Applications should be submitted to the undersigned not later than October 15, 1940, stating full particulars of undergraduate training, graduate experience, and study.

Convener of Selection Committee
CANADIAN NURSES ASSOCIATION
1411 Crescent Street, Montreal, P. Q.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

General Meeting, 1940

At the twentieth General Meeting of the Canadian Nurses Association, which was held in Calgary, Alberta, June 24-29, 1940, it was decided that a Convention number of the *Journal* should be published, therefore, this issue becomes that special number.

Officers

The officers for the biennium 1938-1940 were re-elected by acclamation for 1940-1942. These officers are: President, Miss Grace M. Fairley, Vancouver, first vice-president, Miss Elizabeth L. Smellie, Ottawa; second vice-president, Miss Marion Lindeburgh, Montreal; honourary secretary, Miss Kathleen I. Sanderson, Vancouver; honourary treasurer, Miss Alena J. MacMaster, Moncton.

Sections

Arising from the adoption of the report on the re-naming and re-organizing of the Sections, change is made in the names of two Sections: the Nursing Education Section is now the Hospital and School of Nursing Section, chairman, Miss Blanche Anderson, Ottawa; the Private Duty Section is the General Nursing Section, chairman, Miss Madalene Baker, London (Ontario); the Public Health Section remains unaltered, chairman, Miss Margaret Kerr, Vancouver.

Committees

The National Committee on Education becomes the Standing Committee on Nursing Education; the convener to be a member of the Executive Committee.

A recommendation was approved whereby the Committee on Curriculum for Nurses-in-Training in Mental Hospitals is now a sub-committee of the Committee on Nursing Education.

For the duration of the war, the objective of the Exchange of Nurses Committee is the encouragement of interprovincial exchange.

The Scholarship Award Committee is combined with the Florence Nightingale Memorial Committee under the name of the latter. The function of this committee is to be (a) the collection of funds for the Endowment Fund of the Florence Nightingale International Foundation for the next two years; (b) the collection of funds for, and allocation of, scholarships, bursaries or loans as may meet the need.

The reports of the following committees: History of Nursing, Eight-hour Duty for Nurses, and Health Insurance and Nursing Service, each contained recommendations. These reports appear elsewhere in this issue.

The Community Nursing Service Bureaux Committee recommended its discontinuance, this was approved.

Incorporation

The report of the study on incorpora-

tion of the Canadian Nurses Association was approved unanimously and the Legislation Committee authorized to take necessary steps to secure incorporation.

Amendments to By-laws

Decision to make the Committee on Nursing Education a standing committee, and the convener a member of the Executive Committee will effect minor changes in the by-laws of the Canadian Nurses Association, also a number of slight changes must be made in the Sections' by-laws, due principally to change of names for two Sections.

Registration

The official registration at the General Meeting was 495; of these 170 were from provinces other than Alberta; also 40 student nurses registered.

Previously Reported

In these *Notes*, August 1940, there are recorded the proceedings of the General Meeting when a number of decisions were made relative to rendering assistance in the present national crisis.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Alberta:

Students' Council, School of Nursing Misericordia Hospital, Edmonton	$5.00

Quebec:

A. A., Montreal General Hospital, Montreal	25.00
Student Government, School for Nurses, Montreal General Hospital Montreal	25.25
L'Association des Infirmières Diplômées du Sanatorium Prévost, Cartierville	2.00

RESOLUTIONS AND RECOMMENDATIONS FROM THE GENERAL MEETING, 1940

1. Resolved that the Canadian Nurses Association accept the invitation of the Association of Registered Nurses of the Province of Quebec to hold the next General Meeting (1942) in the City of Montreal.

2. Whereas in general assembly the Canadian Nurses Association approved the report on Incorporation of the Association, be it resolved that the Legislation Committee be herewith authorized to take the necessary steps to secure Incorporation.

3. Whereas the benefit derived by having an officer of the Canadian Nurses Association attend annual provincial meetings is recognized and appreciated, it is felt that a further direct contact could be made between the Canadian Nurses Association and the Provincial Associations of Registered Nurses, be it resolved that such be effected by a councillor from the two neighbouring provinces to the province where the President (C.N.A.) is resident being invited to attend Interim Executive Meetings of the Canadian Nurses Association. The invitation to these officials is to be made through the Provincial Executive.

4. Whereas during the next two

years unusual heavy responsibilities and work may have to be met by the Executive Committee, be it resolved that the Executive Committee of the Canadian Nurses Association be given wide powers and authority of wide representation at Executive Meetings during the next biennium.

5. Resolved that at General Meetings of the Canadian Nurses Association all resolutions are to be put in writing at time of presentation.

6. Resolved that a copy of the complete Minutes of General Meetings of the Canadian Nurses Association be sent to each Provincial Association of Registered Nurses for its files.

7. Resolved that provision be made in the office of the Canadian Nurses Association for a limited Placement Bureau which shall provide for receiving applications from nurses qualified for positions of administration, teaching and supervision in hospitals, schools of nursing and in the field of public health nursing and the compilation of their credentials; and to which Hospital Boards and superintendents of hospitals seeking nurses to fill such positions might apply for information regarding nurses available for their vacancies.

8. Resolved that the matter of the Placement and Service Bureau of the Canadian Nurses Association be referred to the Legislation Committee for study in order that there may be no legal complications regarding the objects and functions of this Bureau in view of the impending incorporation of the Canadian Nurses Association.

9. Resolved that an assistant to the Executive Secretary be appointed for the ensuing biennium, 1940-42. That details regarding duties, salaries, travelling expenses, etc., be worked out by the present Field Secretary Committee, such details to be ratified by the Canadian Nurses Association Executive prior to the appointment.

10. Resolved that a minimum sum of $2,000 per annum for the next biennium be earmarked from the funds of the Canadian Nurses Association to augment the amount in the "Special Fund" (accrued interest from bond investments) and sums collected through the Florence Nightingale Memorial Committee, C.N.A., for the purpose of carrying on the educational policies to be outlined by the combined Florence Nightingale Memorial Committee and the Scholarship Award Committee.

11. Resolved that the policy of collecting funds for the Endowment Fund, Florence Nightingale International Foundation, to the completion of the commitment by the Canadian Nurses Association (1938-1942) be endorsed.

12. Resolved that all surplus funds over and above the annual commitment to the Endowment Fund, Florence Nightingale International Foundation, ($1,250) be added to the sum earmarked from Association funds for the purpose of carrying on educational policies.

13. Resolved that the Canadian Nurses Association accept The Supplement to a Proposed Curriculum for Schools of Nursing in Canada for a trial period of two years. Also it is recommended that at a time to be determined later, both booklets will be revised, rewritten and combined into one volume.

14. Whereas many members of the Canadian Nurses Association have been teaching Home Nursing Classes from the 1932 revised text-book of St. John Ambulance Association; and whereas there is a keen interest in having the facts of home nursing accurately presented to the public, be it resolved that the Canadian Nurses Association make representation to the St. John Ambulance Association urging that a committee of nurse educators be asked to assist in the revision of the entire textbook.

15. Resolved that the Canadian Nurses Association endeavour to secure the co-operation of the St. John Ambulance Association in recognizing the superior background of the nurse as compared with that of the average layman; moreover, on the basis of this recognition, where an application is made for an instructor's certificate in first aid, that a registered nurse be required to take only one examination prior to the instructor's examination.

16. Resolved that the St. John Ambulance First Aid Course be given to all student nurses in the course of training, and that each nurse be required to pass the examination given by the St. John Ambulance Association and secure her certificate.

17. Resolved that the Committee on Nursing Education consider the resolutions concerning the St. John Ambulance Association, and also any other problems concerning the giving of instructions under the St. John Ambulance Association, and that this Committee confer with the St. John Ambulance Association in order to bring about the desired changes.

18. Resolved that as membership in the Canadian Nurses Association has now reached 16,758 with an increase of 1,157 in 1939, and as each of the nine Provincial Associations has members whose contribution to nursing is deserving of recognition, the presentation biennially of three Mary Agnes Snively Memorial Medals be continued. It is recommended that the incoming Executive Committee keep in mind the desirability of recognition of a member from each of the three Sections.

19. In order that *The Canadian Nurse* may be safe guarded from advertising by commercial registries, be it resolved that all applications from Registries for advertising space in the *Journal* shall be referred by the editor to the Publications Committee.

Resolved that the Canadian Nurses Association follow the precedent of publishing a Convention Number of *The Canadian Nurse* as was done following the 1938 Convention.

20. Resolved that the National Joint Committee, Canadian Nurses Association and the Canadian Red Cross Society, be continued; its objects restated and the Committee strengthened.

21. Whereas difficulties have arisen as a result of some of the volunteer work being done by members of the Canadian Nurses Association for the various national war-time organizations, be it resolved that a small committee be formed to which (a) such matters may be referred with a view to uniformity of action; (b) to report to the Executive Committee (Canadian Nurses Association) any matters coming to the attention of the committee which might facilitate the war effort of the Canadian Nurses Association.

22. Resolved that for the present, the number of Sections in both the Canadian Nurses Association and the Provincial Associations be limited to three. Regardless of the classifications for each Section, each member may elect the Section to which she wishes to belong.

23. Resolved that the name "Nursing Education" be applied only to the Committee on Education, which shall be known as the Committee on Nursing Education.

24. Resolved that the Committee on Nursing Education shall be a Standing Committee of the Canadian Nurses Association, the convener of which shall be a member of the Executive Committee.

25. Resolved that the Nursing Education Section shall become the Hospital and School of Nursing Section.

26. Resolved that the present name of Public Health Section be retained unaltered.

27. Resolved that the present Private Duty Section be known as the General Nursing Section.

(Classification of membership for the Sections is published in the Report on re-naming and re-organizing the Sections that appears elsewhere in this issue.)

RESOLUTIONS OF THANKS

1. Resolved that a vote of thanks be extended to all those who assisted in making the week of the twentieth General Meeting in Calgary such a delightful one, with special mention of Miss Rae Chittick, President of the Alberta Association of Registered Nurses, and the members of her Executive Committee, also of Miss Kathleen Connor, convener of the Committee in Arrangements, and the members of her committee.

2. Whereas the Lippincott Lounge has added so much to the comfort and enjoyment of the membership of the Association, be it resolved that a special letter of thanks be sent to Mr. O. T. Leeman, representative for the J. B. Lippincott Company.

3. Whereas the Canadian Nurses Association is conscious of the time and effort that Miss Marion Lindeburgh, convener of the Committee on Nursing Education, has given to the preparation of The Supplement—the improvement of nursing education in the clinical field, be it resolved that a vote of sincere gratitude be expressed to Miss Lindeburgh and her Committee.

4. Resolved that votes of thanks be expressed to the Bishop of Calgary; to Archdeacon Swanson; and to the Rev. A. J. Hetherington.

5. Resolved that a vote of thanks be expressed to the representatives of the Press in Calgary for their splendid cooperation.

6. Resolved that appreciation be expressed to Miss Isabel Lamont of Calgary for her excellent work in connection with making transportation arrangements for visiting nurses throughout the week.

SUMMARY OF PROVINCIAL REPORTS

Alberta Association of Registered Nurses

Membership: During the past two-year period, membership has been as follows: In 1938 there were 1237 members in good standing; in 1939 there were 1303. While there has been a substantial increase in subscriptions to *The Canadian Nurse* the percentage of members subscribing to the *Journal* is still low.

Annual Meetings: In 1938, a successful combined refresher course and annual meeting was held. Nurses from the north and south of the Province met at Ponoka, where lectures and clinics were given by members of the staff of the Provincial Mental Hospital. The second and third days were spent in Calgary, listening to instructive and inspiring addresses in the mornings, and in the afternoons taking part in business discussions.

At the 1939 convention, a resolution was adopted that the Inspection Committee, when making its next visit to the schools of nursing, recommend to the boards of the various hospitals that the superintendents of nurses should attend board meetings.

Sections: At present, chairmen of Sections are not members of the Provincial Executive; but a proposed amendment to the Registered Nurses Act will provide for such membership. An annual grant of $50. is allowed each Section from the provincial treasury.

Our Association has been privileged to appoint a representative to the Commission to administer the Cancer Remedy Act. The object of the Commission is to investigate any substance or method of treatment which is held to be or advertised as a remedy for cancer.

In conjunction with the proposed Curriculum for Schools of Nursing in Canada, a revision of the minimum curriculum for schools of nursing in Alberta has been completed by the Instructors' Group, under the Nursing Education Section, and has been approved of by the Association. Miss M. S. Fraser (the Association's senate representative) reports the unanimous acceptance of this revision by the Senate of the University of Alberta. The Registered Nurses Association of Alberta is affiliated with the University of Alberta, and regulations governing schools of nursing must be approved of by the Senate of the University. May it be mentioned here how happy and helpful is this relationship.

Other trends: At the outbreak of war, the Executive of the Association offered to the Alberta Red Cross Society the services of qualified nurses to conduct home nursing classes. These have been organized throughout the Province and are being carried on successfully.

The main development within the Association during the past two years had been the organization of District Branches throughout the province. Five associations of graduate nurses have re-organized in order to become Districts of Registered Nurses; three localities, where heretofore no organization existed, have organized branches. By this direct link, it is hoped that a closer relationship and understanding of provincial, national, and international policies may be effected.

From 1938 to 1940, Miss Agnes Macleod, director of the School of Nursing, University of Alberta, has been the representative of the Association on the Inspection of Schools of Nursing Committee. This committee is composed of a representative of the University, Mr. A. E. Ottewell, Registrar; a representative of the Faculty of Medicine, Dr. J. J. Ower, provincial pathologist; and a representative of the A.A.R.N. In addition to visits made by the Committee, in 1938 and 1939, the Association sponsored an individual visit paid by Miss Macleod to each school of nursing.

This biennial period has brought to nurses in the Province a more than usual happy interest and, for most of us, a first experience in preparing for a General Meeting of the Canadian Nurses Association.

A. E. VANGO,
Secretary,

Registered Nurses Association of British Columbia

Membership: Membership, as last submitted to the Canadian Nurses Association, is 2395. The percentage of nurses subscribing to *The Canadian Nurse* is not known in the office of the Registrar. A notation, placed on each registered nurse annual fee renewal slip, asked that this information be given, but many nurses omitted to fill out this slip or return it to the office, so data is lacking.

Annual Meetings: The attendance at annual meetings depends on the city in which they are held, and varies from approximately 150 to 250. At the 1940 meeting, the chief topic was the progress of the work of the Committee on the formation of Districts and Chapters, and the giving of assistance both financially and in any other helpful way. The appointment of an organizer to do this work was approved, leaving further developments to the Committee and the Council of the Registered Nurses Association of British Columbia.

It was decided to continue the work of the Travelling Educational Units which tour the Province in rural areas and give lectures and demonstrations on nursing procedures and latest treatments, thus furnishing nursing groups with better knowledge of what the Provincial Association is doing for the nurse.

Arrangements for refresher courses in supervision were endorsed by the Council, and two courses, each lasting for one week, are to be carried on successively in Vancouver and Victoria during the summer.

A contribution towards the distribution of one hundred subscriptions to *The Canadian Nurse* in the rural districts was made as an experiment with the hope it might encourage a larger circulation in British Columbia.

Sections: Chairmen of Sections are elected as such to the Council of the Registered Nurses Association of British Columbia. Grants to these sections have been made whenever required. Each section has the power to spend up to $25. per year as it deems advisable. No request from any section has been refused by Council.

Registration: No changes have been made in the Registered Nurses Act during the past two years, and there has been no increase in reciprocal arrangements with other countries since 1938. British Columbia now has reciprocal arrangements with England, Scotland, South Ireland (Eire), and Southern Rhodesia.

Other trends: There is a growing consciousness of the isolation of small groups of nurses throughout the Province; an effort is being made to bring them the latest methods, techniques, and information on subjects interesting to them, and to urge the formation of groups as graduate nurses associations and later, through the efforts of the Committee on Districts and Chapters, to carry out a plan to divide the Province into Districts and Chapters in order to bring all into closer touch with the Provincial Association.

There has been a great increase in the work done by the Credentials Committee of the Registered Nurses Association of British Columbia to assist the Joint Enrolment Committee of the Canadian Nurses Association and Canadian Red Cross Society during the period following the outbreak of war. The enrolment is now over the quota, and much was done to obtain proper credentials and to forward lists to the Provincial Red Cross.

An experiment arranged for and financed by the Association, was undertaken whereby a nurse in the public health field, desiring to obtain further experience in obstetrical nursing, and a hospital staff nurse engaged in that service, exchanged duty for one month. The reports received from both were interesting, but so far this exchange has not been repeated.

Much work was done by the Council in collaborating with a Provincial Government Committee in preparing a report on nursing conditions in the hospitals of British Columbia. It is confidently felt that much information was obtained and it is hoped that arising out of the full report there may be a definite improvement in standardizing hours of work and remuneration.

For the Registered Nurse Examinations of 1939 and 1940, a dietitian was added to the Deputy Examiners to prepare and correct the paper on dietetics; this was felt to be an advantage.

HELEN RANDAL,
Registrar.

Manitoba Association of Registered Nurses

Membership: Graduate nurses, who are registered according to the Nurses Act of Manitoba, are eligible for membership in the Manitoba Association of Registered Nurses. Approximately 4278 nurses have registered in the Province since 1914, and of this number 1452 were paid up members at December 31, 1939. The percentage of members subscribing to *The Canadian Nurse* is 9.3.

Annual Meetings: We celebrated our twenty-fifth jubilee in April 1939, and were honoured by the presence of two outstanding nursing leaders — our National President, Miss Grace Fairley, and Miss Katherine Densford, Director of the University of Minnesota School of Nursing. In order to stimulate general interest it has been necessary to introduce as many phases of professional activity on our program as possible. These include demonstrations on new techniques in the hospital and public health field, and discussions of newer drugs and treatments. Instructors and supervisors have demonstrated teaching methods, such as bedside clinics and student conferences, the health instructors illustrating the means by which health practices are taught to students and to patients. Our first business session is devoted to the reports of the Executive Secretary and Registrar, the presidential address, and reports of the sections. Later we have reports from the various committees and representatives.

Some months ago, the Secretary completed a report of the survey of the sixteen schools of nursing in Manitoba which revealed the urgent need for a broad program of public education, and for advice and support from leaders outside of the nursing field. It was necessary, therefore, to set up a Provincial committee to (1) define educational policies and to assist in formulating standards of nursing education which would be acceptable; (2) to suggest ways and means whereby these standards might be attained. The personnel of this committee is as follows: a superintendent of a hospital; a superintendent of nurses; an instructor of nurses; the Superintendent of Education for Manitoba; a member of the Senate of the University, who is also a member of the liaison and Nurse Examining Committee; the President of the Local Council of Women; a member of the Manitoba Hospital Association; the President of the United Farm Women's Organization; and the Deputy Minister of Public Health for Manitoba.

A University committee has been appointed to consider the possibilities of establishing a post-graduate course for nurses within the University. Representatives to local organizations namely, Local Council of Women, Council of Social Agencies and Canadian Red Cross, report on the activities of these organizations.

At each annual meeting, we invite representatives from senior classes from all the schools of nursing, and this practice is proving very satisfactory. Even our most isolated school of nursing has managed to send a representative to the meeting. These students upon graduation have a greater appreciation for their professional organization and are among our best supporters. Educational and commercial exhibits are also a feature.

Sections: The chairman of each of the three Sections are members of the Provincial Executive. We do not make a grant to these sections but have financed special projects for each of the three sections.

Various Projects: The Summer School Committee, in co-operation with the University, organized two consecutive summer school sessions for nurses. We were for-

tunate in having as guest lecturers, two outstanding nurse educators in the persons of Miss Marion Lindeburgh of McGill University, and Miss Agnes Macleod of the University of Alberta.

The Association sponsored a special survey of the employment possibilities for nurses in the Province. This study was made by a private duty nurse who in her final report suggested that the industrial field offered opportunities for development of nursing services. Some publicity was also given to the Nurses Central Directory through this survey, and has resulted in the placement of at least three nurses in new fields of service. The Association also sponsored a course in laboratory technique for nurses given under the direction of the pathologist of the Manitoba Medical College. The course covered sixty hours, and was given four evenings a week, and enabled several nurses to prepare themselves for positions in doctors' offices, as well as for employment in industrial work.

The Nurses Central Directory, which is under the control of the Provincial Association, has been slowly but steadily increasing its sphere of usefulness. It is now possible to obtain a registered nurse, a practical nurse, a masseuse, a male nurse, or an orderly. Recently, steps have been taken to operate a doctors' registry.

For the past three years the Manitoba Hospital Association has met jointly with the Manitoba Association of Registered Nurses for the annual meeting of the former. This affords an opportunity of sharing and exchanging ideas concerning the problems and policies affecting both groups.

Registration: The pass mark for registration examinations has, since November 1939, been raised to 60 percent. Since November 1939, a paper on anatomy and physiology has also been added. There has been no change in the Act respecting registration and no amendments since 1929. Arrangements for reciprocal registration between England, Scotland, and Wales were completed five years ago.

GERTRUDE M. HALL,
Executive Secretary.

New Brunswick Association of Registered Nurses

Membership: The 1940 membership roll of the New Brunswick Association of Registered Nurses, published in January in the *Royal Gazette*, showed a list of 805 members in good standing. The basis of membership is registration in the Province. There are three classifications—active resident members, active but non-resident and associate, and those who have retired from active nursing or have engaged in other occupations. There has been a steady growth in membership and a corresponding spread of interest in nursing problems and objectives.

There are 142 subscribers to *The Canadian Nurse*. While this is not a creditable number when compared with the membership total, it is an improvement on the number reported at the last Biennial meeting.

Annual Meetings: The annual meeting of the Association is usually held during the second or third week of September with an average attendance of 120 to 125 members. Reports are presented from the secretary-treasurer-registrar who is the executive officer; chairmen of the three Sections; and conveners of standing and special committees. Discussion of these reports results in the formulation of the various methods and policies of operation for the ensuing year. The number of provincial committees continues to increase.

Between annual meetings the Association functions by means of the Executive Council which is elected by ballot at each annual meeting and is limited to a membership of eighteen. The officers of the Council are the president, first and second vice-presidents, honourary secretary; members are the chairmen of the three sections, convenors of standing committees, and one representative from each Chapter organized in the Province. No member is eligible for President unless she has been a Council member, and no member is eligible for council membership unless she has been a member of the Association for one year. No special grant of money is made to any section or stand-

ing committee; expenses resulting from activities of sections and standing committees are paid from the provincial treasury. Council meetings are held quarterly.

The Province is divided geographically into five districts, and in four of these local members are organized into Chapters. In all Chapters there are active sub-committees of provincial sections and standing committees; to these are added other committees which effect progress along social and philanthropic lines. One Nurses Sick Benefit Fund is in operation, and one Nurses Credit Union. Chapter reports are among the most interesting presented at the annual meeting — Chapter opinion is the pulse beat of the Association.

Registration: Registration examinations are held twice each year in two provincial centres, and are under control of a Board of examiners, made up of two physicians, who are appointed by the New Brunswick Council of Physicians and Surgeons for a definite time, and three nurses who are appointed by the Executive Council for an equal term of service. Following a board meeting, notice is sent each candidate who has written the previous examination of results awarded. Copies of papers presented and a report of the standing of their various candidates are sent each nursing school.

In 1939 the Association presented its first scholarship award of $250. A similar award will be made this year.

Trends and Characteristics: The special objective of the Association during the past few years has been the preparation of a new Registration Act. On April 12 of this year, the Legislation Committee of the Association appeared before the Corporations Committee of the Provincial Legislature and, through counsel, presented their new Bill of Registration. This, with only one amendment, received the approval of the Corporations Committee. The amendment provides that in case of a registrant whose certificate has been cancelled, appeal may be made to a county court as well as to the Supreme Court, which is the provision made in the petition. The amendment further provides that the costs of appeal may be assessed by the judge trying the case. The amended Bill has passed its third reading in the House and awaits only the signature of the Lieutenant-Governor-in-Council to become the registration law of the Province. Should this become law without further change, we shall have established a record in New Brunswick for securing legislation regarding nurses and nursing. The Legislation Committee has new and amended by-laws to present for consideration of the annual meeting of 1940.

We believe that we have had a very successful year and trust that the march of progress may continue as we go forward into the future.

MAUDE E. RETALLICK,
Secretary-Registrar.

Registered Nurses Association of Nova Scotia

Membership has continued to grow, and is at present 963, an increase of 28% over that reported at the last General Meeting. 14.7% of our members subscribe to *The Canadian Nurse;* this also represents an increase.

Annual Meetings. In June 1939, the annual meeting was held in Antigonish, with sixty-two members present. As the Loan Fund for post-graduate work among our members has been in constant use, and as more applications have been received than could be granted, it was decided at that time to increase the Fund by $300. While the eight-hour day for private duty nurses seems to be firmly established in the city of Halifax, it has not been found possible to adopt it in the outlying districts. Accordingly, it was decided that private duty nurses in outlying districts adopt a ten-hour day and work toward an eight-hour day.

Sections are not organized as such in this Province, but function as standing committees, whose conveners are members of the Provincial Executive. No grants are made to these Committees. The Program and Publication Committee collected and forwarded

material to *The Canadian Nurse,* and assisted in sending out programs of meetings. The Library Committee met frequently and prepared lists of books considered desirable for purchase for the Nurses' Library. The Legislative Committee invited criticism of the Act and by-laws by the Branches, and gave it careful study. Other standing committees carried out their usual duties.

Registration: Although no amendments to our Act have been made, a stricter interpretation of the clause dealing with educational requirements for registration has been enforced since June 1, 1939. Reciprocal arrangements are judged on an individual basis, and registration is granted to any applicant who meets our own requirements.

Since war began, our "residence clause", which affects those who did not train in Nova Scotia, has been coming into greater prominence; we are receiving applications from natives of our Province, who wish to enlist for military service, but who trained and are living in the United States.

Trends and Characteristics: Grading reports of the Schools of Nursing in the Province were prepared and sent out by the Registrar in July 1939; these were based upon a survey made previously. While no formal reports have been asked for to date regarding the extent to which the recommendations then made have been adopted, it is believed that considerable activity has been going on within the Schools, and that improvements are being made. Among these is the establishment of an affiliative course in pediatrics at the Halifax Children's Hospital. Several refresher courses have been held by the Local Branches, one worthy of note being the course in mental health and disease conducted by the Halifax Branch. The Provincial Association hopes to have a refresher course at the time of the annual meeting in 1941.

A record of the type of work being done by each member of the Association was begun last year, and we hope to bring this up-to-date each year as the members pay their annual fees.

Several projects, planned with enthusiasm last year, have been laid aside temporarily because of the war, and our nurses instead have been devoting their spare time to the making of surgical supplies, attending first aid classes, assisting in the Service Canteens, staffing first-aid posts during blackouts, and other forms of war work.

MURIEL J. GRAHAM,
Registrar-Secretary.

Registered Nurses Association of Ontario

Membership: The membership on December 31, 1939, was 4,704 and up to May 1, 1940, the membership for the current year is 4,403. This number indicates that the membership is steadily increasing. In checking with the mailing list of *The Canadian Nurse* it was found that approximately 32 percent of the members of the Association were subscribers to the *Journal.* This is an increase of 4 percent over that reported in 1938.

Annual Meetings: In 1939, the annual meeting was held in Toronto with a registration of 435. Representatives were present from the Ontario Medical Association and the Ontario Hospital Association. A symposium entitled "How may we provide adequate nursing service for all who require it?" evoked great interest as was evident by the fact that the auditorium was filled to capacity. The subjects were "The Nursing Needs of the Community," "The Preparation of the Nurse for the Service that is needed from her," and "How may a Registry be organized to supply the nursing service needed by the Community?" In their breadth of view and frank discussion of present day problems, as well as in their suggestions for future activities of the Association, these addresses were an inspiration to those present.

The annual meeting in 1940 was held in Ottawa, with a registration of 352. At the banquet, the Association was privileged to have as the speaker, Sir Gerald Campbell, High Commissioner for the United King-

dom, whose address was an inspiration to the delegates. A demonstration of great interest presented at the general meeting was that on "Co-operative Planning in Nursing". A break in the presentation and discussion of reports was an amusing skit depicting a day in a "Community Nursing Registry". A report on the extension and refresher courses as conducted by the School of Nursing, University of Toronto, and by the Institute of Public Health in connection with the University of Western Ontario, were of interest to the delegates and brought to their attention the opportunities offered to the graduate nurses. The activities of the Council of Nurse Education, as reported by the chairman, are always of interest to the members. For the past few years, the superintendents of schools for nurses have been approached regarding representatives from the student nurses attending the annual meeting of the Association, and the response is gratifying. In 1939, in Toronto there were 86 students; and in 1940, in Ottawa there were 54, representing 35 schools. The local hospitals or members provide accommodation for these students. The Association appreciates the attendance of the editor of *The Canadian Nurse* at the annual meetings, and this year was very pleased to welcome the Executive Secretary, whom we trust may attend future meetings.

Sections: The chairmen of the Sections act as the representatives to the Board of Directors. Grants to sections are included in the annual budget of the Association.

Committees: In Ontario, there are several very active Committees among those for which there are no corresponding national Committees, and about the work of which we present the following brief remarks: The splendid work accomplished by the Committee on the Formation and Re-organization of Registries during the past two years, under the convenership of Miss Marjorie Buck, was evident by the comprehensive report presented, which outlined a set-up for registry organization and re-organization, and suggested a constitution, by-laws, and regulations for Community Nursing Registries, together with an outline for an adequate record system.

The Committee on the Distribution of Nursing Service, with Miss Edna L. Moore as convener, has since 1934 conducted three surveys by the questionnaire method, in order to obtain statistical evidence of the need for a better distribution of nursing service in Ontario. The first survey in 1935 included the whole province; in 1938 a further survey was caried out in three of the districts and the third survey was conducted in a city of approximately 75,000 population. These surveys referred to one day only, and were undertaken by the nurses who personally called on the physicians. The findings of these surveys were tabulated and presented to the general meetings in 1937, 1938, and 1940. The reports contain a considerable body of information which is in the hands of the Association for use in whatever way may be indicated. The Committee is being retained in an advisory capacity.

The Provincial *Canadian Nurse* Circulation Committee has shown considerable activity under the leadership of Miss Margaret Dulmage. In some districts there are well organized committees, and the aim of the Provincial Committee is that all districts will co-operate to the fullest extent in order that renewals and new subscriptions to *The Canadian Nurse* may be increased. A luncheon meeting held at the time of the Convention, when the editor is present, has proved of value in stimulating the enthusiasm of the District representatives.

The Committee on Economic Security for Nurses presented a report containing much valuable information on this question for nurses, and the Board of Directors are considering a way in which this can be made available for all the members. That considerable progress has been made in some schools in developing a course of instruction along religious lines to help the individual nurse, was indicated in the report of the Committee on religious influence in the life of a nurse. The Permanent Education fund Committee reports that, during the past three years, 14 loans amounting to $3,200. have been granted from this Fund,

two of which have been repaid in full, and regular payments are being made on four others. We would like to record the study made by the special committee appointed to study the question of placement or vocational service, and the comprehensive report presented by the convener; also the study made by a special committee on the question of a National Field Secretary. Both of these will be mentioned further in reports from the National Committees.

Registration: Registration in the Province of Ontario and the Registered Nurses Association of Ontario are entirely separate. We gratefully acknowledge the co-operation of the Director of Nurse Registration in preparing the following information for our report: (1) an amendment to the Nurse Registration Act which was passed in 1938 made it unlawful for anyone to establish, maintain, or conduct a training school for nurses without consent in writing from the Minister of Health. (2) In 1939 reciprocal registration for nurses, based on certain necessary srevices, was established between the Nurse Registration Branch of the Province of Ontario, and the General Nursing Council for England and Wales. A similar arrangement was also made in 1939 with the General Nursing Council for Scotland.

JEAN L. CHURCH,
President.

MATILDA E. FITZGERALD,
Secretary-Treasurer.

Prince Edward Island Registered Nurses Association

A review of the activities of the Prince Edward Island Registered Nurses Association for the past two years shows that all committees have studied their particular problems, and the discussions following have been most interesting and helpful to the members.

Membership: There are 102 members in good standing at the present time and, while there is a slight decrease over the past two years due to the fact that one hospital did not have a graduating class, we expect to reach the 1938 figure before the end of 1940. Fifty-one members attended the annual meeting in 1939.

The Publications Committee has functioned faithfully with the result that we can now proudly boast of 47 subscribers to the official organ of the Association, *The Canadian Nurse,* an increase of 36 since 1938, and is 64 percent of the total number of active members. Through the kind permission of the National Executive, we had the editor with us for our annual meeting in 1939, and her stimulating address spurred many to read, subscribe, and renew their subscription. This doubtless accounts for some of the increase, although much of the credit is due to the untiring efforts of the chairman, Miss Bessie MacKenzie, and her committee.

There has been a sharp rise in enrolment for emergency service. It is with mixed feelings that one reports that practically every physically fit active member of the Association has offered her services to her country. Those who found it impossible, through physical handicaps or home responsibilities, to enroll for overseas service signified their willingness to do their bit in Canada. There is an enrolment of 87, being 17 more than our quota.

The Legislation Committee has been very active and the chairman, Rev. Sr. Stanislaus, has given considerable time and thought to the revision of the by-laws. Following the advice given in the report of the legal advisor, it was decided to postpone opening the Act at this time.

Sections: The *Nursing Education Section* has a small membership as most of the nurses in the Province are engaged in private duty. In the two hospitals in Charlottetown, eight-hour duty for student nurses was inaugurated in November, 1938. One hospital has continued this practice and found it satisfactory; the other hospital had to discontinue it after six months and is now working on a nine-hour duty period. There has been some discussion regarding certain changes in the Registered Nurse Examination system but as yet no definite

report is available. Lectures in public health nursing were given to the students in the two Charlottetown hospitals. While this is considered most inadequate, it is a beginning and the Public Health Department hopes to augment this instruction in the near future.

The outstanding event in the two-year period was the very interesting and instructive refresher course held in Charlottetown in 1938, when we were most fortunate in having Miss Katharine MacLennan, B.A., R.N., from the Alexandra Hospital, Montreal, take the leading part. The main subject "Nursing Care of Communicable Diseases" was apparently what the nurses wanted, as the attendance for exceeded our expectations. We are to have a three-day refresher course this year in conjunction with our annual meeting.

Public Health Section: One of the new activities in public health nursing has been tuberculin skin testing using the "patch" method. Surveys have been made in 106 school districts and 6 Indian Reservations. A total of 6853 people have been tested, 6420 in the age group of nineteen and under, and 149 adults. Clinics were arranged in which the positive reactors were fluoroscoped with a new portable fluoroscope. Scarlet fever immunization of over 1500 children (two-thirds of the school population was done in Charlottetown when an epidemic broke out; 87 percent of the children completed the five inoculations and no undue reactions were reported. After the first two inoculations had been given the epidemic seemed to stop abruptly. A provincial-wide diphtheria immunizing campaign was conducted when 6215 children were inoculated in 471 schools.

Private Duty Section: Several meetings were held throughout the biennial period, at which speakers gave very interesting and instructive talks.

The members of all the committees are most grateful for the assistance given by the Executive Secretary and other members of the National Executive, during the past two years, and we have not forgotten that the then newly-elected President, Miss Grace Fairley, made her first official visit to the Island following the biennial meeting in Halifax in 1938.

INA G. GILLAN,
President.

Association of Registered Nurses of the Province of Quebec

The nurse registration Act, passed in 1920,provides the legal status of provincial registration for those individual nurses so qualified and at the same time creates the Association of Registered Nurses of the Province of Quebec whose objectives are broadly outlined in the following terms: "The objects of the Association are to provide a body of fully trained and competent nurses for the care of the sick, and to provide means whereby those who possess such competency and training may be made known to the public, and also to promote the efficiency, usefulness, and welfare of nurses generally". During the past twenty years, therefore, the officers of our Association have carried a dual responsibility, in their capacity as the Council on Nursing Education for the Province and as administrators of the affairs of the Association as a whole, all of which has been and still is being carried out in two languages. The two distinct national groups work with a common objective, the realization of which can only be reached by co-operative effort. During our twentieth annual meeting, held in May, all reports included a general stock-taking, and if the nurses of the Province of Quebec do not know just where we stand it is not because of lack of endeavour and helpful leadership within the ranks of both groups. At the end of 1939, there were 4064 members in good standing.

Registration: While no amendment to the Act has been attempted since 1925, our committee on legislation is giving the matter careful study. During the nineteenth annual meeting, the by-laws were completely revised, one important feature being the regulations concerning those hitherto considered as "non-active" members. As a result, two groups have been created—(a)

nurses residing in the Province but not practising; (b) nurses registered and practising elsewhere. The members of the first group pay an anuual fee of one dollar, and receive notices of meetings. They are thus encouraged to give their support to the activities of the Association. The members of the second (non-resident) group pay no fee.

The annual survey of the 36 schools of nursing which are approved under the Act, shows that 1930 students are enrolled and that all candidates admitted during 1939 hold at least a high school leaving certificate. In these approved schools, there are a total of 63 full-time and 40 part-time instructors. The number of registered nurses employed in the hospitals which conduct these schools is 1345.

During the past two years, thanks to the efforts of *The Canadian Nurse* committee appointed by the Association, circulation in the Province has been increased by 33 percent.

Annual Meetings: The date of our annual meeting has been changed from January to April or May, and covers a period of two days, including one bi-lingual general business session, and seven sessions in English and French respectively. All sessions are well attended, the total being approximately 1,000.

Sections: Because of the bi-lingual character of the membership, the Sections number six instead of the customary three. Small financial grants to the Sections are provided by the Association, and considerable revenue has been realized by the two Public Health Sections through refresher courses, such funds being earmarked for educational purposes.

The election of the Board of Management, which is composed of ten members with equal representation from both language groups, is carried out by the active members at our annual meetings. This Board has the power to name its own officers, and elect all section and committee chairmen. Chairmen of Sections, who are not members of the Board of Management, are requested to attend its regular meetings at which reports are received and discussed and problems aired.

Educational projects: Perhaps the most outstanding contributions which the Association has made to nurses and nursing during its twenty years of existence has been along lines of education. These include direct financial and moral support to our University nursing schools; the awarding of scholarships to 36 of our members, amounting to approximately $10,000; the provision of numerous refresher courses, both by the Association as a whole and by the Sections as individual groups; and annual personal contact with our schools through which we have raised standards in innumerable ways and removed misunderstandings.

Enrolment for National Emergency: Our activities at Association headquarters have been considerably increased since September 1939. The Enrolment plan, which involved a great deal of extra time and effort, is now in excellent condition and records the names and experience of over 1040 members, of whom approximately 900 are ready to serve their country.

The nurses of Quebec sincerely hope that nothing will prevent the 1942 meeting of the Canadian Nurses Association from being held in Montreal. We trust that peace will be restored before that time arrives, and that we may be permitted to continue our efforts to promote mutual understanding and good fellowship and to respond to the demands made upon us.

E. Frances Upton
Executive Secretary and Registrar.

Saskatchewan Registered Nurses Association

Membership: For the past six years a government regulation has been in effect in this Province which requires that: "all graduate nurses employed on a hospital staff shall be registered in Saskatchewan". Since this regulation became effective there has been a steady increase in membership. At the beginning of this year this reached a

record level, although, because of delay in publication of examination results, this trend was not noted in the membership reported on December 31, 1939. The marked reduction of those in arrears, and increase in the number of nurses taking advantage of inactive privileges, evidences a growing interest in and appreciation of professional responsibilities. This is also apparent in the increase in attendance at annual meetings. Last year, an appeal sent out by this Association to the Board of Directors in all hospitals met with a gratifying response; more than seventeen different centres were represented at the annual meeting. At this Convention, members were also honoured by the attendance of Miss Grace Fairley, President of the Canadian Nurses Association.

Sections and Committees: The reports of Sections and of many of the special committees are noted elsewhere. Because of limitations expressed in the Act respecting admission to the Saskatchewan Registered Nurses Association, the chairmen of the Sections are not members of the Executive. However, they are invited to attend meetings, at the expense of the Association. Grants to Sections are made annually.

Much thought has been given to the functions of the Committee on Enrolment of Nurses for War and Emergency Service. At the outbreak of war, some apprehension was felt regarding the recognition of nurses enrolled. After considerable correspondence with the President of the Canadian Nurses Association, a carefully revised and classified list was forwarded to the Department of National Defence. Contacts were also made with the local military authorities, who expressed approval of the enrolment plan. As requested, a list of changes and additions are now submitted monthly.

In order to meet possible emergencies at home, the Saskatchewan Registered Nurses Association also maintains a list of the names of married and inactive nurses who have expressed their willingness to serve in local areas, if necessary. The advisibility of conducting home nursing classes was considered. To date, this project has not been developed.

Trends and Accomplishments: Studies of conditions and the support of policies affecting professional and community interests have been continued. These have resulted in a marked increase in Association activities. A full-time assistant to the Registrar has been added to the office staff.

In the autumn of 1938 the office of the Association was transferred to the University. The Registrar and School Adviser was appointed as Director of Nursing Education in the University of Saskatchewan School of Nursing. There is evidence that closer contacts with the University have aroused wider interest in nursing and professional problems. Probably a more tangible value of the connection is seen in the reduced cost of operation and in the conveniences of ready contacts.

A representative Advisory Committee on policies affecting schools for nurses has proved of great assistance. Steps taken to maintain and improve standards include the acceptance of the revised regulations governing approved schools and the minimum standard curriculum for Schools of Nursing in Saskatchewan, also for the conduct of registration examinations.

In January, 1939, Grade XI became the minimum educational requirement for registration. Eight out of the eleven Schools in Saskatchewan have now set the minimum educational requirement as Grade XII, and the minimum age for admission as nineteen. All schools employ at least one full-time instructor and a dietitian. In some schools much has still to be done to improve the teaching methods, preparation of personnel, living conditions and hours of duty. In connection with examinations, the personnel of the Board of Examiners has been strengthened, the pass mark raised, and subjects re-arranged. Provision has also been made for a more careful analysis of the qualifications of candidates.

With the realization that standards readily become endangered in a crisis such as we are now facing, this Association has taken steps to protect these. In putting the proposed measures into effect, the support of the Department of Education, the Uni-

versity authorities and of the Saskatchewan Hospital Association is recognized with gratitude.

Among the more specific accomplishments may be mentioned (a) the purchase of a nucleus of a collection of slides for teaching purposes; (b) the approval of a course for male nurses; (c) the completion of arrangements with the Department of Public Health, whereby a course of lectures in Public Health Nursing has been made available to students in all schools in the province. This contribution from the Department of Public Health has been truly characterized as one that: "covers a field of education which should prove of distinct value to the people of the province".

The publication of a leaflet, entitled, "Nursing—a Profession", for guidance of students in preparation for the profession and in the selection of a school, is particularly adapted to meet local needs and opportunities. The compilation of this leaflet was undertaken before it was known that the National Committee on Education of the Canadian Nurses Association had a similar project in mind.

While affiliation with mental hospitals has not taken any definite form, the possibility of it is being kept in mind. At the annual meeting this year this Association was privileged to hear the subject of psychiatry as related to nursing discussed by no less experienced a person than Miss Nettie Fidler of the University of Toronto School of Nursing.

The Saskatchewan Registered Nurses Association welcomes this opportunity to acknowledge with appreciation, the willing and ready spirit in which ideas and information have been shared by other nursing organizations, their officers, and individual members. As we face a future of great uncertainty, we realize that only by such cooperation and unity of action can we hope to support desirable standards and to retain worthy traditions.

ANN MORTON,
President.

REPORT OF STUDY ON RE-NAMING AND RE-ORGANIZING THE SECTIONS

Following the last meeting of the Executive of the Canadian Nurses Association, the preliminary report of this committee was sent to each provincial association for consideration. Apparently the majority of the provinces overlooked the fact that this first report was tentative and have left the discussion of it until their annual meetings. I feel this is an unfortunate oversight, as there may be some confusion when the final report is presented to them for a vote. In sending the finished report to the provincial associations, I would request that the Executive Secretary should clarify that point. Concrete expressions of opinion have been received from all the provinces. Incorporating their suggestions, the following recommendations are presented for consideration:

1. That, for the present, the number of sections in both the National and Provincial Associations be limited to three. Regardless of the classifications herein presented for each section, each member may elect the section to which she wishes to belong.

2. That the name "Nursing Education" be applied only to the Committee

on Education, which would be known henceforth as the Committee on Nursing Education (omitting the qualifying word "National".)

3. That the status of the Committee on Nursing Education be changed, making it henceforth a Standing Committee, the convener of which shall be a member of the Executive Committee.

4. That the present Nursing Education Section be known in the future as the "Hospital and School of Nursing Section". Membership in this Section would be open to persons engaged as:

(a) Hospital executives, superintendents of nurses, or superintendents of hospitals.

(b) Faculty members of Schools of Nursing, principals, teachers, supervisors.

(c) Heads of departments in hospital work, such as operating room, maternity, communicable diseases, children, mental, etc.

(d) Head nurses of hospital wards (administrative and supervision of nursing service as well as some clinical teaching).

(e) Educational advisors or training school inspectors.

(f) Any others especially interested in the problems related to the hospital and school of nursing.

5. That the present name of "Public Health Section" be retained unaltered. Membership in this section would be open to persons engaged as:

(a) Nurses engaged in all types of public health nursing service in the community; bed-side nursing, maternity service, infant welfare, pre-school welfare, school nursing, communicable disease, tuberculosis, venereal disease, mental hygiene, and industrial nursing.

(b) Nurses engaged in out-patient department and clinic services.

(c) Nurses engaged in the various branches of social welfare work in the community.

(d) Any others especially interested in problems related to public health work.

6. That the present Private Duty Section be known in the future as the "General Nursing Section". Membership in this section would be open to persons engaged as:

(a) Nurses employed in the care of individual patients, in home or hospital.

(b) Nurses engaged as general duty, staff, or ward nurses in hospitals.

(c) Nurses engaged in hourly nursing.

(d) Nurses engaged in doctors' or dentists' offices.

(e) Nurses engaged as staff in such institutions as old people's homes, private nursing homes, etc.

(f) Any others interested in problems related to general nursing.

MARGARET E. KERR,
Convener.

Obituaries

AGNES CRICKMAY (Mrs. G. D. Curtis) died at Comox, British Columbia, on June 28, 1940. Mrs. Curtis was one of the first nurses to serve in the Vancouver City Hospital when it was located on Pender Street and afterwards joined the staff of the Royal Jubilee Hospital, Victoria. Prior to her marriage, she established and successfully directed the first hospital ever built in Nelson.

MONA JOHANNA GUBBERUD, died recently in Victoria, after a lengthy illness. Miss Gubberud was a graduate of the School of Nursing of Trinity Hospital, Minot, North Dakota, U.S.A.

ALICE KETCHEN, a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1910, died on August 1, 1940, in East London, South Africa.

REPORT OF THE HOSPITAL AND SCHOOL OF NURSING SECTION

During the biennial term 1938-1940, the secretary (Miss Fraser) and I have attempted to carry on the Section's work. However, it is not easy to follow such people as Miss Lindeburgh and Miss Upton, and we have very little to show of nation-wide significance. The provincial sections, nevertheless, have been doing good work, and some very worth while projects are underway. Refresher courses are becoming more frequent; instructors' groups have been busy: school inspection is becoming better established; provincial minimum curricula are being brought up to date; and very excellent pieces of research have been promoted in some of the provinces. In this regard the two studies conducted by the Ontario Nursing Education Section concerning (1) disinfectants and antiseptics, and (2) text books of value in ward teaching programs, deserve special comment. May I quote one paragraph from Miss Dulmage's report concerning these:

The drug questionnaire revealed an amazing lack of uniformity in both strength of drug and length of time requried to produce disinfection. A complete copy of the summary was submitted to the Council of Nurse Education and it was referred by them to Dr. A. L. McNabb, Department of Health, Toronto. It is hoped that the research work being undertaken by Dr. McNabb and his committee will result in more uniform teaching and ward practice in the matter of disinfectants. The text book questionnaire summary would seem to indicate a fairly unanimous opinion that a medical dictionary, and a text on the principles and practice of nursing and on materia medica are essential on all wards, with texts on nutrition, anatomy and physiology, and charting recommended by a number of the schools; in addition, there should be a text book dealing with the ward specialty. This questionnaire was undertaken with a view of encouraging clinical teaching on the wards and, as a preliminary to such teaching, it is considered advisable to have the essential reference books available on the wards.

The resolution from the Canadian Hospital Council concerning the training of nurses to give certain medical treatments which was forwarded to the Nursing Education Section by the Canadian Nurses Association, has been considered by the provincial Sections, and will be discussed at the Section meeting.

As a result of a questionnaire sent to the nine provincial registrars concerning some Nursing Education matters in Canada for 1940, I had hoped to have some worth while graphs prepared to show just where we stand in regard to the number of schools; the number of student nurses; the qualifications of superintendents, assistant superintendents, instructors and clinical supervisors. Miss Clibborn has kindly taken this over, and has some interesting facts to present, and the questionnaire forms are being given to Miss K. W. Ellis for her use as convenor of the Committee on Nursing and Nursing Education of the Canadian Hospital Council. The replies I have had at the time of writing this report present a definite plea for higher standards of qualifications in employment of nurse personnel; enforcement of post graduate work for staff nurses; need of more University post-graduate courses in Canada; fewer and better schools of nursing; more trained science instruc-

tors; and centralization of pre-nursing science courses.

A business meeting of the Nursing Education Section was held on June 27, 1940, during the General Meeting of the Canadian Nurses Association. Following the reading of the minutes, the chairman's address and the secretary-treasurer's report, the reports of the various Provincial Committees on Instruction were presented and many interesting activities were reported.

The reports of the Provincial Nursing Education Sections were read, and it was decided that the secretary of the Sections should prepare a summary of them, and send copies of it and the chairman's address to the nine provincial sections. It was decided that a letter of congratulation should be sent to the New Brunswick section upon the preparation of the new Nurse Registration Act, which is a very worthy achievement.

The business previously referred to the Provincial Sections which initiated the most discussion, was the recommendation received from the Canadian Hospital Council concerning the preparation of certain nurses to assume the responsibility for the administration of intravenous medications. Dr. A. F. Anderson, the representative of the Canadian Hospital Council, contributed to the discussion, which was led by Miss Fairley. It was argued that only specially prepared nurses in a hospital should assume this responsibility if the need arises, and that the problem confronting us is: "Who is specially prepared, and how can nurses be prepared for this responsibility?" It was unanimously agreed that the chairman of the Hospital and School of Nursing Section should be instructed to seek a conference with the chairman of the Canadian Hospital Council and the chairman of the Committee on Nursing Education of the Canadian Nurses Association, and that the findings should be presented as to the ways and means of meeting this emergency need.

In view of the fact that the name of the Section will, in future, be the Hospital and School of Nursing Section it is recommended (a) that Article 2 (objects) remain the same as in the 1938 revision of by-laws; (b) that the other suggested changes proposed by the Report of Legislation Committee be agreed to, and (c) that Article Ten be amended to include the following clause: "At the invitation of the chairman, one or more members of the executive of the provincial section may participate in an executive meeting, in order to provide a quorum".

The chairman referred briefly to the Nursing Education 1940 poster, and the mimeographed report which has been prepared in this connection. Copies of this report may be obtained by writing to the Executive Secretary of the Canadian Nurses Association.

It was unanimously agreed that in view of the fact that the term "dental nurse" is being used quite widely, that a recommendation should go forward to the Canadian Nurses Association suggesting that the Association be asked to consider the question, discuss it with the University Schools giving courses in dental nursing, and ask that the title of such courses be changed.

The officers elected for 1940-42 for the newly named Hospital and School of Nursing Section are as follows: chairman, Miss Blanche Anderson, Ottawa; first vice-chairman, Miss Eva McNally, Brandon; second vice-chairman, Miss Martha Batson, Montreal; secretary-treasurer, Miss Winnifred Cooke, Ottawa.

AGNES J. MACLEOD,
Chairman.

REPORT OF THE GENERAL NURSING SECTION

The work of the General Nursing Section had all to be done by correspondence as it was impossible to get sufficient members together to form a quorum for a meeting; this was a great disadvantage. Miss Norah Senkler found it impossible to continue as secretary and Mrs. Helen Bollons was appointed for the remainder of the term. Early in the term, a questionnaire was sent to the chairman of each Provincial Section, in an endeavour to tabulate the most pressing problems. The scheme of supervision as a means of teaching was approved but so far no satisfactory solution has been found.

Following a report that women, after taking short courses in certain maternity hospitals, were nursing all types of cases, the Executive Secretary sent a questionnaire to each Provincial Deputy Minister of Health. The questions included one regarding practical nurses — the demand for them, the probable numbers and supervision of them. The answers concerning practical nurses revealed an apparent lack of knowledge of the true situation though it was admitted there was no supervision of these women.

In order to evaluate what the private duty nurses have accomplished, we must bear in mind the handicap under which they work. In an overcrowded field the uncertainty of making a living keeps them in a state of anxiety. If on 12 hour duty, which is still unfortunately allowed, they are too fatigued for either social or association activities. Remember this means an 84 hour week! A 48 hour week is considered long enough for men! When on call, the anxiety of not earning, plus the uncertainty of when a call may come, makes it impossible to plan ahead for anything. Hence the apathetic attitude towards association activities. Considering this situation great credit is really due this group.

Miss Madalene Baker of London, Ontario, was appointed convener of the Publication Committee of the National Section. One article was published in the *Journal*. Miss Baker has put across the idea that private duty nurses are well equipped to write articles on nursing care of unusual and interesting cases. With the co-operation of all concerned this group should contribute something worthwhile.

Miss Theresa Greville, of Winnipeg, was appointed convener of the Education Committee of the National Section. She has submitted an excellent report as will be seen in the following summary of the Provincial Sections. The National Section is greatly indebted to the Education Committee for its splendid efforts:

Alberta: Mrs. Mary Tobin reports 8 hour duty in hospitals in several centres. The private duty nurses are assisting the Red Cross in making surgical supplies. In some centres a fund is maintained for aiding the unemployed nurses.

British Columbia: Mrs. Eva Hansom reports 8 hours duty in most hospitals, but considerable unemployment especially among older nurses. With all it is either a feast or a famine. This Section is hoping that the proposed division of the Provincial Association into Districts and Chapters may make for better organization. The suggested change in the name of this Section and increased membership met with approval. The private duty nurses in Vancouver had the opportunity of hearing many interesting and instructive lectures at the local graduate Nurses Association meetings, and from a course in first aid, sponsored by the Vancouver General Hospital Alumnae, and a

course on nutrition sponsored by the Health and Welfare Education Group.

Manitoba: Miss Theresa Greville reports 8 hour duty fairly well established in hospitals; 12 and 24 hour duty in the home. Many practical nurses are employed for economic reasons. Many registered nurses are not making a living. It is suggested that too many nurses are being graduated. Approximately 400 nurses are accepted for overseas duty and many others are enrolled. Many nurses are assisting their respective alumnae with voluntary Red Cross work.

Educational efforts resulted in the following series of lectures: Cancer and the Cancer Institute of Manitoba; laboratory findings; toxaemias of pregnancy, and diet in health and disease.

Joint efforts of Private Duty and Public Health Sections resulted in several symposiums being held on respiratory and gastro-intestinal diseases; allergys and the allergic patient; cardio-vascular diseases.

New Brunswick: Miss Myrtle Kay reports that there are about 200 private duty nurses in the province. They have only recently established 12 hour duty in hospitals. All home cases are 24 hour duty. There is considerable unemployment.

Nova Scotia: Miss M. A. Leblanc reports about 274 private duty nurses in the Province with no large numbers in any one centre. This fact, and irregular time on and off duty, makes organization difficult. Eight-hour duty has been adopted in Halifax.

Ontario: Miss Freda Fell reports an increase of employment where eight-hour duty has been adopted. Centres reporting decreased employment believe it is due apparently to doctors employing practical nurses; this practice is increasing. There are four organized central registries. Several registries are in hospitals, and a few operate under local Alumnae Associations. Two centres report commercial practical nurse registries. One centre reports a practical nurses' register with an employment bureau. The remainder are found registered in doctors' vest pockets. Salaried service is not offered but is occasionally done. Fifty private duty nurses have been accepted for overseas service; several hundred more are enrolled. At least 92 are engaged in lecturing for the Red Cross. All districts have been busy making supplies for the Army.

Educational efforts throughout Ontario, under the convenership of Miss Bertha M. Miles, deserve applause. An interesting scheme is a map of Ontario with the ten districts in different colours, on which the number of private duty nurses in each city or town will be marked. This is to help reveal the best places to congregate in study groups. Seventy-six lectures were given throughout the Province. A refresher course of four lectures was held in Toronto by the private duty nurses of the Toronto General Hospital and the Western Hospital. Fourteen private duty nurses have taken short refresher courses at the University School of Nursing in Toronto and greatly appreciate the willing co-operation of this School in arranging courses. A one-day course was given at Sarnia General Hospital covering various subjects and procedures.

The Education Committee of the Private Duty Section, R.N.A.O., in combination with twenty doctors is compiling a loose-leaf booklet covering new treatments, drugs, procedures in surgery, medicine, neurology, obstetrics and paediatrics. It is hoped this will be available by autumn in an inexpensive form. Extra pages may be added by individuals.

Prince Edward Island: Miss M. Gamble reports difficulty in organizing a Private Duty Section. Long hours on duty are the chief reason. There are no satisfactory registries.

Saskatchewan: No Report.

Quebec: Miss Marion Dart reports 12 hour and 24 hour duty throughout the Province at $5. and $6. per day. The Montreal nurses made strenuous efforts to get 8 hour duty, but hospital authorities disagreed over the reduced charge for meals. There are about 1,000 private duty nurses in Quebec, many not making a living and the field is overcrowded. The long hours on duty have made organization very difficult. In spite of this, an excellent series of lec-

tures was arranged for which Miss Dart deserves great credit.

Forty-five members attended a business session of the Private Duty Section during the General Meeting of the Canadian Nurses Association. Following the report of the Education Committee, each provincial section was urged to form a similar committee to promote educational projects among private duty nurses. There was lively discussion on eight-hour duty, including how best to secure the co-operation of hospitals and public. A round table discussion on the Re-organization of Registries was opened by Miss Jean Church, with an interesting, informative report on what is being planned in the Province of Ontario. Many helpful, practical ideas were presented in this discussion.

The chairman announced that the name of the Section would now become the General Nursing Section in accordance with the report on re-naming and re-organizing of the Sections as adopted in general assembly on June 25, 1940.

The officers for 1940-1942, elected by acclamation, are: Chairman, Miss Madalene Baker, London, Ontario; first vice-chairman Miss Edith McCabe, Winnipeg, Manitoba; second vice-chairman, Miss R. Hart, Halifax, Nova Scotia; secretary-treasurer, Miss Agnes Conroy, London, Ontario.

May I express my appreciation for the privilege of holding office for this 1938-1940 term, also my thanks to all those who have helped and advised me.

MARGARET I. TEULON,
Chairman.

REPORT OF THE PUBLIC HEALTH SECTION

The chief undertaking of this Section as a whole, during the past biennium, was the assembling of material in each province to provide a picture of the existing minimum qualifications for employment in public health nursing, and the working conditions in the various districts and services. This study was made in collaboration with the Public Health Nursing Section of the Canadian Public Health Association. A limited number of mimeographed copies of the summarized findings of the survey are available for those interested.

During the coming two years, we hope to proceed with the evolution of standards for employment which can be made applicable all over Canada. By way of illustration, our study has shown that in some provinces, the policy of accepting nurses deficient in public health training as permanent staff members is still being followed. Considering the opportunities that are available in Canada for nurses to secure this post-graduate training, there seems little justification for the argument one frequently hears that there are no trained workers available. A further study has been suggested to determine the numbers of qualified public health nurses who could be absorbed annually in existing services.

Each provincial section has sponsored an active program throughout this period. Very briefly summarized, the highlights for the individuals provinces show the following activities:

Alberta: Membership 105. Refresher courses for public health nurses have been organized in conjunction with the Provincial Health Department. In March 1940 the most

recent course was conducted by Miss Brighty.

British Columbia: Membership 175. The first exchange between public health nurses was arranged between Miss Dorothy Shields of Vancouver and Miss Geraldine Uniacke of Hamilton, New Zealand. A special committee made a study of the relationship of social work and public health nursing. An experimental refresher exchange was arranged whereby a public health nurse of several years' experience studied new developments in hospital techniques while an institutional nurse substituted in her district. Papers were prepared and presented by nurse members at special meetings. Doctor Ranta's address on the modern conception of scarlet fever has already been published in *The Canadian Nurse.*

Manitoba: Several courses of lectures to such varied groups as foster mothers, youth training centres, and the school for domestics, were given by public health nurses. For the nurses themselves, a series of interesting lectures were arranged. In 1938, a debate was part of the program, and in 1939 a series of six discussions on child study were promoted.

New Brunswick: During 1938, the public health nurses gave able assistance in an extensive case-finding tuberculosis survey wherein nearly 9000 examinations were made. It is of interest to note that there has been no smallpox in this province for the last ten years. A refresher course organized under the leadership of this section was very well attended. The death of Miss Dykeman, Provincial Director of Public Health Nursing, was noted with regret.

Nova Scotia: Membership 70. The development of the Cape Breton Island Health Unit is of outstanding interest to public health nurses. The formation of a functioning public health section in the provincial association is being considered.

Ontario: Membership 700. In each district. public health sections have held meetings at regular intervals. In addition, full section meetings have been held annually to give inspiration to all branch groups of public health nurses.

Prince Edward Island: Membership 5. Though small in number this group has been active in provincial affairs, providing a symposium on communicable disease at one refresher course, and at another, on tuberculosis and mental hygiene.

Quebec: Membership 523. Two refresher courses, which were arranged for public health nurses, were so well attended that the receipts are to be applied towards a scholarship for a nurse to take her public health course. There has been an increasing demand for nurses with the post-graduate training in public health. The French Public Health Section has a special committee studying the problem of nurses who are unemployed. Special attention is being given to the needs of the group engaged in industrial nursing.

Saskatchewan: Two active sub-sections have held frequent meetings. Each has made an intensive study of recent publications, both books and public health magazines. Outside speakers have been invited to address some of their meetings on such interesting topics as co-operation with social agencies; Y.W.C.A. Work; tuberculosis; nutrition; hobbies. Members have participated in refresher course programs.

In this time of national emergency every public health nurse in Canada is prepared to devote herself in every way feasible, to stimulating an interest in and to actively promote programs not only for the maintenance of the health of our country at its present level, but wherever possible to ensure the development of increased health facilities.

A meeting of the Public Health Section was held in the Palliser Hotel, Calgary, on Thursday July 27, 1940, with the chairman, Miss Margaret Kerr, presiding. Approximately eighty members were present. In the chairman's address, stress was placed on the fact that, as never before, unity of effort was needed among all public health workers, for it was felt that in a win-the-war campaign, the health of a nation was of utmost importance.

A report of a study of the minimum qualifications for public health nurses was presented by Miss Margaret Kerr. The report included two recommendations: (1) that the Public Health Section, in meeting assembled, go on record as approving collaboration with the Public Health Nursing Section of the Canadian Public Health Association in the preparation and adoption of definite standards for the employment of public health nurses; (2) that a special committee, consisting of a core committee in one province, with corresponding members in the other provinces, be appointed to carry on the study. As the findings of the study were based on information from questionnaires it was decided that provision be made for a supplement to the report and at time of publication of the report, notice be given of the supplement to follow.

An interesting paper on the subject "Mental health in a public health program; what a public health nurse can do" was given by Miss Lyle Creelman, supervisor of school nursing, Metropolitan Health Committee, Vancouver.

To assure a quorum for executive meetings of the Section, Article Ten of the by-laws was amended by an additional clause:

At the invitation of the chairman, one or more members of the executive of the Provincial Section may participate in an executive meeting, in order to provide a quorum.

Officers elected by acclamation for 1940-1942 are: Chairman, Miss Margaret Kerr, Eburne, B. C.; vice-chairman, Miss Winnifred Dawson, Saint John, N. B ; secretary-treasurer, Miss Lyle Creelman, Vancouver, B. C.

MARGARET KERR,
Chairman.

A Message from the Matron-in-Chief

EDITOR'S NOTE: *On July 24, Elizabeth L. Smellie, C.B.E., R.R.C., was appointed Matron-in-Chief in Canada of the Royal Canadian Army Medical Corps. On the same day, the Canadian Broadcasting Corporation invited Miss Smellie to speak about her new duties, but since this address had to be given at short notice, many nurses did not hear it. The Journal is privileged to publish it herewith.*

Good afternoon and greetings to all nurses and friends throughout Canada wherever you are and whatever you are doing! Some of you may be responsible for this broadcast. Others may appreciate knowing what it's all about. And that is what I aim to tell you. On request of the Department of National Defence the Victorian Order of Nurses for Canada is granting me leave of absence and releasing me for military service. This doesn't mean I shall be completely out of touch with the work of the Victorian Order. But now it will be my responsibility, acting under the direction of the Director General of Medical Services, as Matron-in-Chief in Canada of the Royal Canadian Army Medical Corps to assist in mobilizing and building up the army nursing service.

Immediately after war broke out, telegrams and messages pledging the willingness of the Canadian Nurses Association to serve were despatched by our National President, Miss Grace

Fairley, to the Prime Minister, the Minister of National Defence and the Director General of Medical Services. Moreover, individually and through the Joint Committee on Enrollment of the Red Cross and the Canadian Nurses Association, the names of hundreds of nurses already enrolled were forwarded to military headquarters. Now there are 4,080 fully qualified nurses registered and ready to serve at home or abroad.

For admission to the Army Medical Corps a nurse must be a British subject and physically fit for military service, under forty-five, unmarried or a widow without children, a graduate of a school of nursing accredited by the Canadian Nurses Association, and registered in a Provincial Registered Nurses Association. Provided they hold the necessary qualifications all hospital graduates have equal opportunity to enlist. During the last war many nurses served with the Canadian Army in England, France, Belgium and in the East. Some went over as members of the British nursing service and were later transferred to the Canadian Expeditionary Force. Others were attached to the French Army and still others to the American Expeditionary Force, probably in the neighbourhood of 3,000 all told There was also a long waiting list of these ready and eager to serve.

A great number of returned sisters are now giving outstanding leadership in hospitals and public health and welfare organizations. Some entered the Civil Service or adopted business careers. Others married, and their sons and daughters are now offering their services for King and Country. A few, unfortunately, have disabilities or have been unable to secure suitable employment. We have scattered, too, but the experience we shared is a common bond which has kept us united through all this time. That comradeship of spirit is possibly the best thing that came out of the war.

Most veteran nurses find it a little difficult to content themselves with knitting socks or making dressings. But looking back we realize what all these things meant to the men. Remember the gaily coloured utility bags and the enthusiastic comments on the pyjamas and the dressing gowns and the various other things sent on from Canada! I'm a little doubtful whether the men asked who or what organization was responsible for them. It was enough that they came from the folks at home.

Possibly I shouldn't wander, but speaking of the wards brings back memories—those treasured photographs we were so frequently called upon to en-huse over, of families, large and small, babies of all ages, belove[d] fiancees, even of the man himself sitting stiffly with his wife's hand resting possessively on his shoulder. And I can still see quite vividly a Scotsman sitting up in bed reading extracts from a letter—to anyone about who was willing to listen—and this remark: "Sister, my wife says the men are all gone to the front. There isn't a decent shape of a man left in the village."

And some of you at Treport may remember the A & S Highlander who was so delighted to be in a Canadian Hospital and so anxious to give some expression to his feelings before he left for "Blighty". He was busy all day long in the little square of ground outside the entrance to the tent. He worked hard with his one hand and he didn't welcome intrusion although he did really need occasional help. Finally this imposing inscription greeted us, outlined in small white stones: "Scotland forever—Canada three days longer!"

But now a word to the *new* nursing

sisters—your predecessors offer you greetings and good wishes. I suppose you will have your own distinctions, as we did. The nursing sisters who went over in the autumn of 1914 were generally known as the "Mayflowers"; the reinforcements who came along in a few months were dubbed the "Cauliflowers". I was a cauliflower. We said we mightn't be as ornamental as the the Mayflowers, but we thought we could do perhaps as good a job! And I shouldn't forget to mention the "Holy Fours",—they were a good lot too! And don't be resentful if, as we veterans pass you by, we reveal extraordinary interest in your uniform and tell you we wish we were going again, because we do so, scarcely realizing how much water has run under the bridge since 1918, even if some of us were mere flappers when we went overseas.

The nursing sister is fortunate in that she isn't—as the men often are—cut off from her regular work. She keeps on with her chosen profession, and she faces an opportunity of invaluable experience not only in nursing but in learning to understand humans—and if she is ready to give as well as to get, there are certain intangible qualities she is bound to acquire even in the midst of war. The Canadian sisters who served in South Africa and in the last great war established a fine tradition and a high standard of service which you will wish to maintain. Skill in nursing techniques and knowledge of well-established professional standards are scarcely enough. A nursing sister no matter where she is still represents the spirit of nursing and Canadian womanhood. Beyond rules and regulations, there is an individual code to abide by on or off duty. One thing we know—the Canadian nurse will be well taken care of—the Army sees to that.

Matron-in-Chief (Overseas) Emma Pense, R.R.C., is in London at Canadian Military Headquarters to administer the overseas nursing service. She was a member of the First Contingent to go overseas in 1914; and she represented Canada at the Coronation of His Majesty The King. She has served continuously in the Army Nursing Service since the last war, more recently as Matron of the Kingston Military Hospital.

These days I often think of those two able women, Miss MacDonald and Miss Rayside, who guided our destinies throughout the last war, overseas and at home—each in her own way a tower of strength and an outstanding leader. It requires courage and some presumption to attempt to follow in their footsteps but with your help I shall do my best.

To the nurses and members of the Victorian Order, au revoir! The work of the Order will always be close to my heart. In bringing nursing care to the sick in their own homes you play your part in keeping up morale in these disheartening times. V.O.N. service is for all who need it, not forgetting the wives and families of the men overseas. You are helping to strengthen Canada's second line of defence through your work in improving social conditions for the coming generation. A special word of greeting to my associates of French origin. I would dearly like to talk to you in French but I know it's actually kinder to refrain because my pronunciation is far from perfect. But I do send you my warmest greetings.

Now to each and everyone wherever you may be serving—good nursing and good luck! Each of us must in our own way carry on with courage and determination. You will remember the closing sentence of His Majesty's address:

"Put into your task, whatever it may be, all the courage and purpose of which you are capable. Keep your hearts proud and your resolve unshaken. Let us go forward to that task as one man, a smile on our lips and our heads held high, and with God's help we shall not fail.

The Control of Cancer

J. S. McEachern, M.D.

It is a privilege to address the Canadian Nurses Association. You constitute the greatest ally of my own profession. You are devoted to the task of protecting Canadian homes against the menace of untimely death, whether it appears in the form of wounds or of disease. Essentially your task is the same in peace as it is in war. It is not my purpose to address you in your rather impersonal position as an organized body, but rather as individual members of a profession who, as individuals, exert an incalculable influence over the lives of the Canadian people.

Today I come before you, not as a doctor, but as the representative of an organization of lay Canadian people—The Canadian Society for the Control of Cancer. Each year some 12,000 Canadian people die an untimely death from cancer. Roughly one-half of these deaths were potentially preventable. In each the disease began in an accessible region. Known and proven curative measures in the form of surgery and radiation were available. Had these measures been applied in time a large proportion of them could have been saved. Treatment was not applied in time largely because the ignorance of the victim caused him or her to delay until too late. One of the aims of the Canadian Society for the Control of Cancer is to dispel this ignorance and replace it with enlightenment. In the hope of bringing this about, it appeals for aid to all intelligent men and women who have the welfare of their fellows at heart. In particular it appeals to those, who are equipped not only with intelligence but with knowledge to help in the fight. That is why we appeal to you.

We have spoken of cancers which begin in an accessible region. What is meant by the term "accessible"? From the standpoint of diagnosis it includes areas in which the diagnosis can be made by the aid of the eyes and the fingers alone. An outstanding example is primary cancer of the skin. Other examples are cancer of the breast; cancer of the uterus. All of these are accessible without qualification. From the standpoint of treatment all cancers, which can be widely removed by surgery or if desirable may have radiation directly applied to them, are accessible.

In 1938 there were in Canada 6,130 cancer deaths in females. Of these 2,207 died of cancer of organs peculiar to their sex. In other words, 36% of these women died of cancer in accessible organs just because they were women. In greater detail there were of cancer of the breast 1196; cancer of the body of the uterus 626; and cancer of the cervix of the uterus 385 cases. Some knowledge regarding the possible significance of warning signs might have impelled them to seek aid in time. Who could have imparted that knowledge to them

better than other women? What women better equipped by reason of knowledge, opportunity, and the confidence of womankind than are graduate nurses?

This, then, is the reason that the consideration of accessible cancers is limited for the purpose of this discussion to cancer of the uterus and cancer of the breast. Is it too much to ask that you, the individual Canadian nurse, make it your special responsibility to deliberately seek the opportunity to instruct women of all ages with whom you come in contact, regarding the early signs of cancer in these special organs?

If you undertake this you will not be limited to parrot-like repetitions of vague generalities, such as: "If you discover a lump in your breast, consult your doctor." You can impress upon each woman that once every month during her lifetime, say on the first day, that she carefully examine her breasts to search for any lump. Teach her how to examine them by palpating successively each area of the breast with the palmar aspect of the fingers, pressing the breast against the underlying chest wall. Her fingers are likely as sensitive as the fingers of a doctor. If no lump can be felt in this way she may rest secure that she has no cancer in her breast. If, on the other hand, after months or years of such care some day she does discover a lump she will have the comforting knowledge that the discovery is made early. The lump may not necessarily be a cancer. Then and only then need she consult a doctor. It will be his responsibility to advise her correctly. It will be her responsibility to follow his advice.

In educating women with regard to early signs of cancer of the uterus it is necessary to overcome ancient superstitions. One of these is that irregular bleeding at the menopause must be accepted as a matter of course. Another is that years after the menopause the lost menstrual function may be re-established. It cannot be urged too emphatically that the irregular occurrence of bloody discharge after the menopause, especially if accompanied by a leucorrhoeal discharge between the appearance of blood, should be immediately investigated by a physician. This investigation should involve not only a bimanual examination but a visual examination. In some cases it may be necessary to remove a small specimen of suspected growth for microscopic examination in order to settle any doubt.

It is not only after the menopause that cancer of the uterus may develop; it may occur at any age. When it does the earliest sign is not pain. It is the occurrence of irregular bleeding. This may be and usually is at first, a slight spotting. More rarely the first sign is profuse haemorrhage. Prompt, complete examination by her physician is the only certain way to determine the nature of the trouble. It will be the responsibility of the physician to decide whether the cause is cancer or a simple condition.

The hopelessness of any form of treatment as a curative measure in advanced cases of cancer is well known to all. Less well known is the fact, that treatment applied early in cases where the disease attacks the breast or the uterus, offers the prospect of permanent cure in a large percentage of them. There are in Canada today hundreds of women who underwent operation for cancer of the breast, five, ten, or more years ago, who still remain well. If we include the United States, the number of such women runs into thousands. Careful follow-up records of cases subjected to early operation in North America and European Clinics show that more than 75% of them were alive and well at the end of five years. The

same statement is true when we consider cancer of the body of the uterus.

Until radiation, in the form of radium and high voltage X rays became available as a form of treatment, the outlook for the woman with cancer of the cervix of the uterus was gloomy in the extreme.

In the annual report of the League of Nations Health Organization published in 1939 on the results of radio therapy in cancer of the uterine cervix during 1932 and previous years, a study of 7,958 treated cases is presented. These were from sixteen radio therapeutic centres and included patients in all stages. After the lapse of five years from the date of treatment over 27% were alive without any recurrence. But of those who came under treatment during the first stage of the disease over 57% were alive and well. By contrast the cure rate for cases in stage 4 is under 6%. No other comment to emphasize the need for early recognition and treatment is called for.

She who calls the attention of the potential victim to the warning signs of cancer in these organs peculiar to her sex can also carry a message of hope.

EDITOR'S NOTE:

This article is the substance of an address delivered by the author to the Canadian Nurses Association at its biennial meeting. Dr. McEachern is the president of the Canadian Society for the Control of Cancer, and a former president of the Canadian Medical Association.

AN INTERESTING APPOINTMENT

MAUDE H. HALL

Following the appointment of Miss Elizabeth Smellie as Matron-in-Chief in Canada, the Executive Council of the Victorian Order of Nurses for Canada has named Maude Helen Hall as Acting Chief Superintendent during Miss Smellie's absence. Since 1929, Miss Hall has served as assistant to Miss Smellie and is therefore thoroughly familiar with the work of the Order and eminently capable of directing it.

Born and educated in Ontario, Miss Hall is a graduate of the School of Nursing of the Johns Hopkins Hospital, and has taken the course in public health nursing given by the School of Nursing of Toronto University. From 1917 to 1919 she served in France as a Nursing Sister with Base Hospital No. 18, the Johns Hopkins Unit. After practising for two years as a private duty nurse, she became a member of the nursing staff of the Massachusetts Halifax Health Commission. Then

came two years with the Department of Health in Toronto, followed first by her appointment as supervisor in the Instructive Visiting Nurse Society in Washington, and later as director of the Visiting Nurse Association of Holyoke, Mass. In 1928, Miss Hall joined the staff of the Public Health Clinic of Dalhousie University, and in 1930 became assistant superintendent of the Victorian Order of Nurses for Canada.

Always keenly interested in nursing organizations, Miss Hall is a life member of her own Alumnae Association. She is also a member of the Canadian Public Health Association, and served for two years as chairman of District 8, Registered Nurses Association of Ontario. In a recent letter, written while she was taking a brief holiday, she speaks of the joy afforded her by long tramps which reveal a new countryside, or lead to the re-discovery of old haunts. When she is in town, and the day's work is done, her chief pleasures and relaxation are reading and the theatre. Furthermore, she has "a small apartment, where I live alone, and like it."

Her work with the Victorian Order has always brought her profound satisfaction, she enjoys the contact which it affords with its ninety branches, and has established cordial relationships with the Board Members in all parts of Canada. Her appointment is heartily welcomed by her fellow-nurses and there is every prospect that under her able direction, the Order will continue to render increasingly valuable service to the people of Canada.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Thelma Steeves, who has just completed the course in Public Health Nursing at the School for Graduate Nurses, McGill University, has been appointed to the position of nurse-in-charge of the branch at Digby, Nova Scotia. Before taking the course Miss Steeves was employed by the Halifax staff.

Miss Ivy German, graduate of Mack Training School, St. Catharines General Hospital, and of the course in Public Health Nursing at the School of Nursing, University of Toronto, has been appointed to the Sudbury staff.

Miss Inez Rickinson, graduate of Victoria Hospital, London, and of the course in Public Health Nursing, University of Western Ontario, has been appointed to the Timmins staff.

Miss June Doig, who has just completed the course in Public Health Nursing at the School of Nursing, University of Toronto, has been appointed to the Kingston staff. Miss Doig has done relief work for the Order on several occasions.

Miss Arlie Wright has been transferred from the Cornwall staff to the position of nurse-in-charge of the Leamington branch, replacing Miss Marion Spence.

Miss Helen Ferguson of the Border Cities Staff has been appointed nurse-in-charge of the Yarmouth, Nova Scotia branch, replacing Miss MacKenzie.

The following nurses have submitted their resignations from the Victorian Order of Nurses for Canada, to be married; *Miss L. Jean Axford* resigned from the Kingston branch; *Miss Marion Spence* resigned from the Leamington branch; *Miss Anna MacKenzie* resigned from the Yarmouth branch; *Miss Maud Carter* resigned from the Digby branch; and *Miss Edith Richardson* resigned from the Timmins branch.

MAGNIFICENT BEHAVIOUR

Tribute to the magnificent behaviour of the Army's nurses during the evacuation of Dunkirk is paid by the captain of one of the hospital ships in the following letter to the Matron-in-Chief of the Queen Alexandra's Imperial Military Nursing Service:

As captain of this ship I should like to give expression to my admiration and deep regard for the nursing sisters aboard. We have recently made two trips to Dunkirk and two to Cherbourg, in each case being the last hospital ship to enter and leave the ports. Our second trip to Dunkirk was under extremely severe conditions, bombs and shells dropping all about us and men being wounded and killed alongside our ship on the pier. We had numerous narrow escapes and a nerve-racking experience.

During all this our nurses were really splendid; never a sign of excitement or panic of any kind. They just carried on under the able leadership of our matron, calmly and efficiently. I feel quite sure that their magnificent behaviour was an important factor in steadying the members of the R.A.M.C. personnel with whom they worked.

British Journal of Nursing

THE ROYAL COLLEGE OF NURSING

British Nurses from Paris and Jersey: The Council of the Royal College of Nursing heard at a recent meeting how eleven British nurses who fled from the Hertford British Hospital in Paris, and four nurses from the St. Helier Hospital in Jersey, had been advised and helped on arrival in this country. All had gone through a time of great difficulty and discomfort, and the Jersey nurses, three probationers and a trained nurse, had arrived almost destitute. Hospitality was arranged at the Cowdray Club, and when they were rested the trained nurse was able to join the Civil Nursing Reserve, and the probationers are continuing their training at the Royal Free Hospital. Most of the Paris nurses have since enrolled in the Civil Nursing Reserve.

Industrial Nurses in the News: Officials of the Royal College have had the opportunity of discussing various aspects of industriel nursing with Dr. Bridge, Senior Medical Inspector of Factories, who, with Mr. Leggett, Chief Industrial Commissioner, Ministry of Labour, addressed an open meeting at the College on matters connected with the new Factory and Welfare Advisory Board set up to mitigate the strain on the workers of the present munitions drive. In consultation with Dr. Bridge, the College has arranged a concentrated three weeks' course of instruction for industrial nurses, two weeks theoretical and one week practical, to meet the present urgency. Meanwhile the Scottish Board of the Royal College of Nursing is working on similar lines.

A WORD OF EXPLANATION

The news story of the biennial meeting of the Canadian Nurses Association, which appeared in the August issue of the *Journal*, had to be written at top speed in order to "make the deadline". The editor sincerely regrets that there were some errors and omissions and wishes to make amends. Dr. J. M. MacEachern was mentioned as representing the Alberta Medical Association. This, of course, was not correct, Dr. MacEachern represented the University of Alberta. Owing to an unfortunate clerical error due credit was not given to Mrs. Selby Walker for her fine work in arranging for the musical program which we so thoroughly enjoyed.

Overseas Nursing Sisters Association

The seventh biennial meeting of the Overseas Nursing Sisters Association of Canada was held on June 26, 1940, at the Palliser Hotel, Calgary, following a luncheon, at which members and delegates were guests of the Alberta division of the national association. Mrs. E. C. Higginbotham, president of the Calgary branch of the O.N.S.A., and Mrs. John Turner, president of the Edmonton branch of the O.N.S.A., welcomed the guests, and Mrs. H. C. Ironside, national president, made a fitting reply. About 65 members were present. The reports from the various units represented showed that they were keenly alert to the present needs of our Empire. All are actively engaged in war work through the Red Cross. A spirit of united effort and a willingness to serve again in any capacity was shown.

By a majority vote, steps are to be taken to effect affiliation with the national body of the Canadian Legion Branch of the British Empire Service League. Our constitution and by-laws are to be revised by a committee under the convenership of Miss Edna Moore, A.R.R.C., of Toronto.

The portrait of our Matron-in-Chief, Miss Margaret MacDonald, R.R.C., L.L.D., is now completed. She is shown wearing the mess uniform; the frame of the picture is described as being very beautifully hand carved, gilded and burnished by hand by the artist, Sister Rosalee of Mount St. Vincent College, Halifax. Steps will be taken later to have this portrait hung in Ottawa. We all regretted the absence of Miss MacDonald, whom we had hoped to have present. However, her address was forwarded and read to us. She expressed her disappointment in not being present to enjoy a happy reunion with the Nurs-

ing Sisters of the Great War, to whom she gave great praise. Referring to the portrait, she said she was very grateful and immensely pleased; she viewed it in the light of a tribute to the Overseas Nursing Sisters, any and all of whom it may represent in the future. To the convener, Miss Haliburton, she gave credit for the accuracy of detail and gratefully acknowledged her painstaking efforts. A cable was received from Miss Emma Pense, R.R.C., Matron-in-Chief in England, sending greetings from the Overseas Nursing Service. Greetings were also received from Miss Edith Rayside, C.B.E., R.R.C., one of our honourary presidents. After the singing of the National Anthem the members proceeded to the home of Mr. and Mrs. John Burns, where Mrs. Burns was hostess at a delightful tea.

On June 27, after laying a wreath at the Cenotaph in memory of those who gave their lives in the Great War, the Sisters were guests at a luncheon given by the Garrison Officers' Mess, C.A.S.F., at the Armouries. This function was presided over by Major Littleton. Brigadier Connolly, officer commanding Military District No. 13, and his staff welcomed the guests. This was a happy occasion recalling similar events in the years gone by.

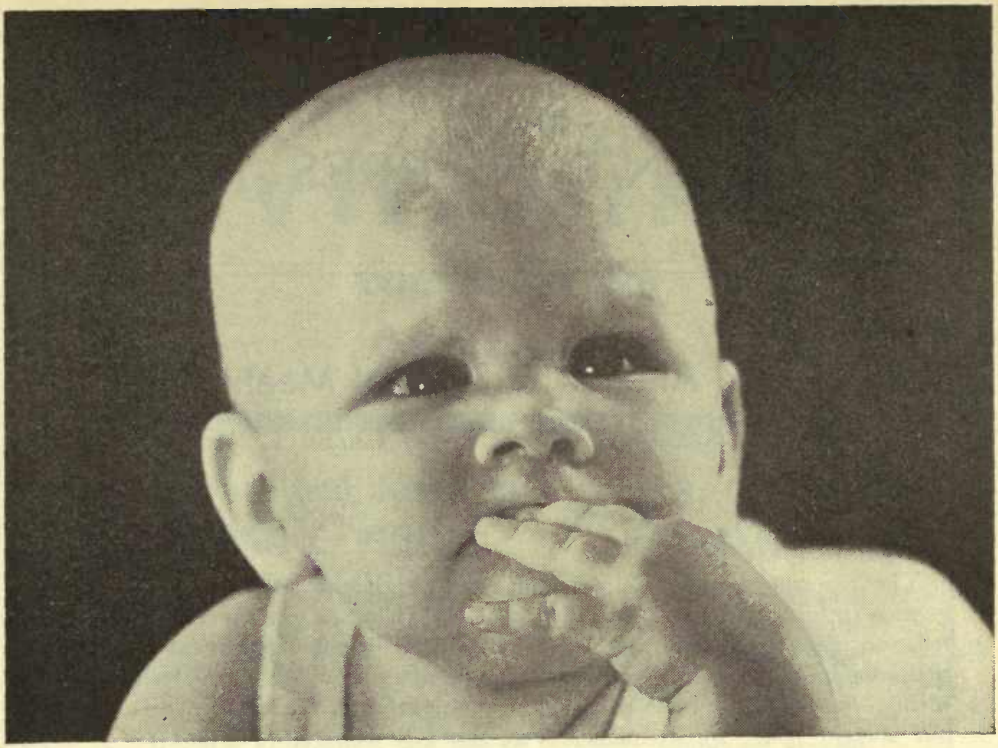
We also had the opportunity of attending the social events held in honour of the Canadian Nurses Association and of hearing the splendid speakers. We will not soon forget the address, "The Threefold Challenge" delivered at the banquet on Wednesday evening by Dr. A. Vibert Douglas, M.B.E. The festivities were climaxed by a garden party at the Central Alberta Sanitorium, beautifully situated on the Bow River. Here farewells were said reluctantly, many hoping to meet again at the next Biennial Meeting at Montreal in 1942.

MAY CRUMMY,
National Secretary,
Overseas Nursing Sisters Association.

The annual Summer Meeting of the Vancouver Unit of the Overseas Nursing Sisters Association, held recently at the home of Mrs. S. Shepherd and Miss K. Conway Jones at Lulu Island, took the form of a picnic. Forty nurses were present, including several visitors, among whom were Mrs. Graham, Miss Henderson of the Q.A.I.M. N.S.R., and Miss Bibby, formerly matron of Tranquille Sanatorium. Funds were contributed for the purchase of blankets for the Red Cross. A most delightful afternoon was spent and a vote of thanks was tendered to the hostesses, whose hospitality has been so often a source of pleasure to the members of the Association, and to the social committee in charge.—E. E. Lumsden

Calgary Unit:

Miss Lillian Bibby, supervisor of Calgary Branch Victorian Order of Nurses, has been granted leave of absence for military nursing service. She is at present stationed at Currie Barracks, Calgary.



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STUDENT NURSES PAGE

We Attend the Biennial Meeting

M. Elizabeth Clendenan *and* Helen E. Jamison
Student Nurses
School of Nursing, University of Alberta Hospital

The reporting of the Calgary convention affords us an opportunity to tell our fellow students about some of the inspiration, instruction, and enjoyments which were ours as delegates of our student body. In attendance were scores of nurses of long experience, holding important positions and well known across Canada. These leaders of our profession derived much benefit and pleasure from the sessions, so one can imagine what it meant to us as student nurses. One of our instructors said "you will learn a great deal" and we now know how true were these words.

The reports of the executive members and the standing committees gave us a link with past conventions. Following this session we viewed the commercial and professional exhibits. Numerous new books and drugs were being shown in which we were all greatly interested. The afternoon was spent in listening to reports of special committees on such topics as exchange of nurses; history of nursing; insurance; and community nursing. We took notes on these reports that we might carry back to our fellow students the problems which concerned such a convention.

Tuesday evening was to us one of the highlights of the convention. Miss Rae Chittick introduced the speakers, among whom were many of Alberta's outstanding men who welcomed the delegates of the convention to Calgary and to Alberta. The address given by Mrs. Rex Eaton dealing with the problem of the eight-hour day was of tremendous interest to us and we could picture the graduates of the future working under circumstances which offered for them the ideal life. The reception which followed enabled us to meet many of the nurses. At first we felt very young and inexperienced, but the friendly spirit prevailing included us and made us feel quite at ease. We met some recent graduates from other hospitals and enjoyed talking to them of student affairs.

On Wednesday morning we heard constructive reports on the re-naming of the three Sections and the work of the National Committee on Education. We were greatly interested in Miss Lindeburgh's presentation of the new Supplement as we were already familiar with the Curriculum, and the discussion of the patient assignment method brought the discussion very close to our realm of thought and activity. We also thought of the pamphlet, 'Should you wish to

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become a nurse' as a very helpful and stimulating guide to the prospective student nurse. In the afternoon an interesting report on *The Canadian Nurse*, presented by the editor, made us realize what a bond the *Journal* has become and what an integral part of the life of any nurse it must be.

One of the thrills of our convention experience was the banquet hall, its gaily decorated tables all expressing the spirit of the West. The magnificent address of Dr. Vibert Douglas, "The Threefold Challenge" deepened our measure of responsibility and made us consider our professional duties in a much broader light.

When the Sections divided for consideration of their individual problems the following day, we chose to go with the Public Health Section that being the branch of nursing in which we were most interested. The entire meeting, led by Miss Margaret Kerr, chairman of the section, gave us an insight into the public health world which we never before experienced. In the afternoon a discussion on the eight-hour day for nurses proved a live topic for all present. That evening we thoroughly enjoyed a lecture and moving pictures of life at International House in London, presented by two students who had recently taken the courses offered under the auspices of the Florence Nightingale Memorial Foundation.

On Friday morning we listened to the reports of the Provincial Registered Nurses Associations and realized more clearly the problems of the organizations and what an honour it will be to write "R.N." after our names. The afternoon was devoted to a discussion of nursing in time of war, a vital present day topic, and safeguarding Canadian nursing standards of education and service.

In the late afternoon we were guests of the Sanatorium at a lawn supper and, together with other students of the other Alberta Schools, in uniform, we assisted in serving the guests. It was a most enjoyable function and we reached the climax of expectation when we were presented to Miss Grace Fairley, the president of the Canadian Nurses Association. Throughout the week, our admiration for her inspiring and capable leadership mounted, and it was indeed a pleasure and an honour for us to meet her personally.

We wish to thank the members of the Canadian Nurses Association for the honour of attending the convention. It was an experience which will never be forgotten, and may we suggest that, in future, a greater number of student nurses be selected to attend as delegates from their respective training schools. We are certain that they, too, will derive great help and professional stimulus.

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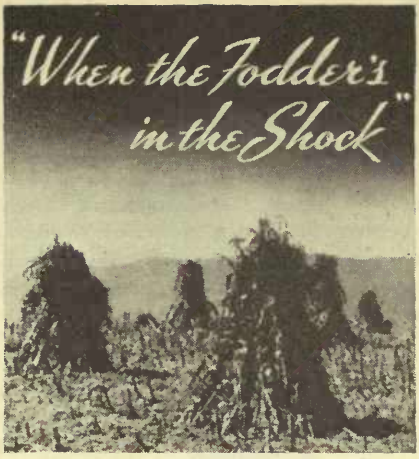
BOOK REVIEWS

HISTORY OF THE SCHOOL FOR NURSES OF THE MONTREAL GENERAL HOSPITAL,

by H. E. MacDermot, M.D. F.R.C.P. (C). Published by The Alumnae Association of the School for Nurses of the Montreal General Hospital Printed by the Southam Press. Copies may be obtained from the Training School Office of the Montreal General Hospital. Price, $1.75 postpaid.

Every now and then a book comes along which gladdens the heart of a reviewer and the History of the School for Nurses of The Montreal General Hospital is one of them. Bound in the rose-pink monogrammed material of which "M.G.H." uniforms are made, and beautifully printed by the Southam Press, the History is a delight to the eye. This volume is true Canadiana — as Canadian as a maple leaf, and the Alumnae Association showed fine discrimination in the selection of Dr. H. E. MacDermot as the historian. He displays not only a fine sense of nursing values but also a certain zest which makes his narrative vivid and moving as well as thoroughly authoritative.

A general idea of the content of the book may best be obtained by reading Mary Mathewson's extremely able article "Fifty Years of Nursing at the M.G.H." which appeared in the April issue of *The Canadian Nurse*. The same general themes have been richly developed by Dr. MacDermot and are set against the colorful background of the early years of the nineteenth century, when the "M.G.H." was young. The story of the development of the School of Nursing, as distinct from the Hospital, constitutes a most valuable contribution to the history of nursing in Canada. As might be expected, the dominant figure is Gertrude Elizabeth Livingston. (No, her name was *not* Nora, and she was *not* a Canadian). The author has given us a living portrait of this remarkable woman, unspoiled by either flattery or sentimentality, and has allowed her to



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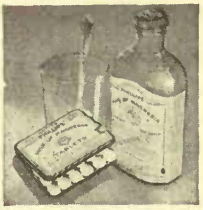

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speak for herself in a striking series of her own letters. Not long ago it was this reviewer's privilege to hold the originals in her hands and to read them without benefit of editing. In spite of the yellowing pages, they still retain "the Nightingale touch" and, when the time is ripe, they should be made available in their entirety. In the meantime, Dr. MacDermot has provided a foretaste of the feast to come.

The Alumnae Association deserves the gratitude of all Canadian nurses for making this History available to us all. No better means could have been devised of marking the celebration of the fiftieth anniversary of the founding of the School where an honourable tradition has been established and is being consistently maintained.—E. J.

PHYSIOLOGY AND ANATOMY

by Esther M. Greisheimer Ph., D., M.D. Professor of Physiology, Woman's Medical College of Pennsylvania. Fourth edition, revised. 850 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian Office, Medical Arts Building, Montreal. Price, $3.00.

As a result of extensive revision, this thoroughly reliable textbook has been considerably expanded and strengthened. The subject matter has been grouped into five units which include the body as an integrated whole; the erect and moving body; integration and control of the body by the nervous system; maintaining metabolism; the reproductive system. In former editions, the chapter dealing with embryology appeared at the beginning of the book, but this has now been incorporated with Unit Five (the reproductive system) to good advantage from a teaching point of view. The anatomy of a system is presented first, and then the physiology, thus providing a close integration of the two fields if they are to be presented in a single course. The text separation of the two subjects also makes it possible to use the book for separate courses.

Dr. Greisheimer evidently understands the difficulties experienced by students who have little or no knowledge of chemistry and physics. She therefore includes some material which really belongs to other courses and, at the end of many chapters certain practical considerations are presented which are related to the pathologic conditions of every-day life.

PNEUMONIA, AND ITS NURSING CARE,

by H. K. Ensworth, M.D. Instructor in Medicine, Cornell University; and Lela Greenwood, R.N., Instructress of Nurses, Bellevue Hospital, New York. 177 pages. Illustrated. Published by the J. B. Lippincott Company, Canadian Office, Medical Arts Building, Montreal. Price, $1.50.

The development of new and improved methods of treating pneumonia has been so rapid that a compact reference for immediate use is necessary. The J. B. Lippincott Company is to be congratulated upon publishing this monograph, which will serve as a reliable guide in nursing patients whose recovery depends in so large a measure upon the nurse's knowledge and skill. Not all nurses are sure of themselves when it comes to setting up an oxygen tent, neither do they readily recognize the toxic effects of sulfapyridine. In other words, graduate nurses, like physicians, need to keep themselves informed concerning modern methods which make fresh demands on their competence and skill.

This handy inexpensive little volume gives a comprehensive outline of the nature and use of new remedial agents. Full-page photographs illustrate the set-up of the oxygen tent as well as the manipulation of the cylinder and its reducing valves. The technique of administration by nasal catheter and by face mask is also explained. The chapter dealing with serum therapy describes sensitivity tests and serum reactions, and gives directions for administra-

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tion. Here again the accompanying illustrations clearly show the necessary equipment. Chapter Seven is devoted to a discussion of sulfapyridine, its mode of action and clinical response, and the nursing aspects of its administration. The care of children suffering from pneumonia is given special attention, and the necessary adaptations required in the home are indicated. The preventive aspects have been kept in mind throughout.

ASEPSIS IN COMMUNICABLE DISEASE NURSING, by ELLA HASENJAEGER, R.N., B.S., M.A., Principal of the School of Nursing, Essex County Hospital for Contagious Diseases. 223 pages. Illustrated. Published by J. B. Lippincott Company, Canadian Office, Medical Arts Building, Montreal. Price $1.50.

This monograph is similar in size and general arrangement to the handbook dealing with pneumonia which is reviewed above. All that has been said about the desirability of keeping abreast of modern therapeutic methods applies even more forcibly in this instance. Graduate nurses are frequently criticized for refusing to nurse patients suffering from communicable disease. But it is not generally known that this refusal may be due to the fact that all nurses do not receive adequate teaching or sufficient experience in caring for such patients. Furthermore, the technique of modern medical asepsis requires close attention if it is to be maintained at a level which ensures the safety of all concerned. This monograph supplies a clear and concise outline of the various techniques and the principles upon which they are based. It would be a good companion to the monograph on pneumonia and with it would form a nucleus for a collection of similar useful authoritative and inexpensive texts.

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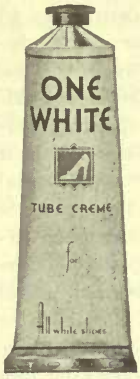

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NEWS NOTES

ALBERTA

VEGREVILLE:

The Alumnae Association of the Vegreville General Hospital recently celebrated the twenty-fifth anniversary of the training school. The general reunion that was held was attended by many alumnists. Sister Josephine, who opened the Hospital thirty years ago, and established a training school five years later, is still superintendent of nurses, and is taking an active part in the profession. On this occasion, presentations were made to Sister Josephine by the Hospital Guild, the Nurses' Alumnae, and by the Medical Association. A large banquet brought the eventful day to a close. The graduating class of 1940 is the largest one in the history of the School.

BRITISH COLUMBIA

VICTORIA:

A recent meeting of the Victoria Graduate Nurses Association took the form of a beach party. After the routine business was transacted, the members gathered around a lovely camp fire for a sing-song, which was very much enjoyed by all present.

Married: Recently, Miss Alice M. Gilroy (Regina General Hospital) to Mr. R. E. Beacock.

Married: Recently, Miss Jean W. Rosevear (Royal Jubilee Hospital, Victoria) to Mr. Victor Sudlow

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ONTARIO

DISTRICT 1

LONDON:

District 1, R.N.A.O., recently held a meeting at the Ontario Hospital, with Miss Lorna Horwood, chairman, presiding. Miss Walker reported on the refresher course in tuberculosis nursing, given at the Queen Alexandra Sanitarium. This was followed by reports of the Ottawa meeting of the R.N.A.O. by those members fortunate enough to have attended it. Mrs. Kennedy read Miss Hoy's report of the Public Health Section, and Miss Dorothy Thomas reported for the Nursing Education Section. Sister St. Anthony gave an instructive word picture of co-operative planning and co-ordination in ward teaching, and Miss

A History of the School for Nurses

of the

Montreal General Hospital

by

H. E. MACDERMOT, M.D., F.R.C.P. (C.)

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M. Smith gave a report on the distribution of nursing services. Miss M. McPhedran brought highlights from the speeches of the special speakers. Miss Mabel Hardie read a paper outlining the suggested plan for training of practical nurses. Miss M. Baker gave a report of the committee for the formation and re-organization or registries.

A most enjoyable skit was then presented showing a day with the Community Nursing Registry. Miss Madalene Baker directed and acted in this playlet, and was assisted by a number of the members. The members were then guests of the Ontario Hospital at tea.

Districts 2 and 3

STRATFORD:

A general meeting of Districts 2 and 3, R.N.A.O., was held recently in the Stratford General Hospital, with one hundred and four nurses present. Interesting reports were received from the various sections, and special committees. A motion to buy a one hundred dollar non-interest bearing War Bond now, and later to donate a sum of money to some war cause was passed by the general meeting.

Mr. W. L. Sprung gave a most inspiring and timely address entitled "Service in Democracy". Miss D. Arnold brought a most comprehensive report of the annual meeting of the R.N.A.O. held in Ottawa.

Following a delightful supper served by the nurses of the Stratford General Hospital, Dr. Gilmore gave an illustrated talk on radiology. Musical numbers formed a happy interlude.

District 4

HAMILTON:

The June meeting of District 4, R.N.A.O., took the form of a picnic held in Victoria Park, Niagara Falls. About seventy members were present, and a very enjoyable program of sports was entered into most heartily and our hostesses, the Niagara Falls General Hospital Alumnae Association, excelled themselves in providing a delicious lunch. Miss Fawcett expressed our thanks to the superintendent of nurses, Miss Buchanan, and her staff for their kind hospitality.

District 5

TORONTO:

Toronto Western Hospital:

The Alumnae Association of the Toronto Western Hospital held a reception recently

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in honour of the graduates who have enlisted in the second unit of the R.C.A.M.C. The guests were received by Mrs. D. Chant, vice-president of the Alumnae Association, Miss Gladys Sharpe, Miss Beatrice Ellis and Miss Grace Paterson. A delightful tea was served while friends visited with the guests of honour. Each member, Miss Gladys Sharpe, Miss Grace Paterson, Miss Doris Body, Miss Mary Craig, Miss Mary Bell, Miss Helen Lane, Miss Dema Houghtaling, Miss Muriel Moore and Miss Gertrude Hillock, was presented with the appropriate gift of a leather sewing kit. Miss Doris Kent, who is with the Neurological Unit, was also present and received a sewing kit.

District 7

Perth:

The members of District 7, R.N.A.O., met at Perth, guests of the Smiths Falls-Perth Chapter. The members were escorted through the plant of Henry Wampole & Co. Ltd., Manufacturing Pharmacists. Here, delving into the mysteries of the manufacture of capsules, pills, and lotions, two interesting and instructive hours were spent, after which a motor trip through the lovely countryside brought them to Rideau Lake and Sunset Lodge, the summer cottage of Miss Amy Church, chairman of the Chapter. It was voted to contribute one hundred dollars of the funds to war work.

Kingston:

A recent meeting of the Kingston Chapter took the form of a picnic and, in spite of rain and cool weather, a very enjoyable time was spent at the summer cottage of Miss Ann Baillie where around a blazing wood fire in a cosy room twenty-nine members demolished most of the food prepared for forty. "Oh! ze health of ze stomachs of ze Canadian mamselles!"

Members of this district recently called for military service are the Misses Helen Gardiner (K.G.H.), Betty Crothers (K.G.H) Jessie Blair (K.G.H.) Peggy Slater (K.G.H.), Ruth Peck (K.G.H.), and Helen Bostock (Ontario Hospital, Kingston). Miss Valerie Hora (K.G.H., 1939), R.C.A.M.C., is now on active service somewhere in England. Miss Lenore Loyst (K.G.H.,

1931) is taking a post-graduate course in surgery at the K.G.H.

Married: recently, Miss Ida Bertrand (K G.H., 1936) to Mr. J. B. Grass.

Married: Recently, Nursing Sister Jean Wylie (K.G.H., 1935) to Mr. Samuel Pense.

District 10

PORT ARTHUR:

Nurses in District 10 were greatly honoured by the visit of Miss Jean L. Church, of Ottawa, President of the Registered Nurses Association of Ontario, and Miss Matilda Fitzgerald, executive secretary, who were on their way to the biennial meeting of the Canadian Nurses Association in Calgary. About 120 nurses attended a dinner which was held in honour of the visitors. The graduating classes at McKellar Hospital, Fort William, and St. Joseph's and the General Hospitals, Port Arthur, were guests of the Association. Other guests included Miss Edna Moore, of Toronto, and Miss Alice Ahern, of Ottawa. Special greetings were received by the district chairman from Miss Elizabeth Smellie who had hoped to be present at the meeting.

The guests were welcomed by Miss Dorothy Adams, district chairman. Miss Jean Church addressed the gathering, speaking of the progress of the R.N.A.O. since its inception, its aims and objects, and also of special projects on which much study is being expended. Those present were unanimous in their appreciation of Miss Church's visit and expressed the wish that both she and Miss Fitzgerald would come again in the near future.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss A. C. Pope (M. G. H., 1935) has been appointed to a position in the Westmount Public Health Department. Miss L. M. Fife (M. G H., 1936) has accepted a position on the staff of the Central Division.

Married: Recently, Miss Mary B. Earle (M. G. H., 1940) to Mr. Donald J. Dunlop.

Married: Recently, Miss Greta L. Hiltz (M. G. H., 1939) to Dr. Alexander Meiklejohn.

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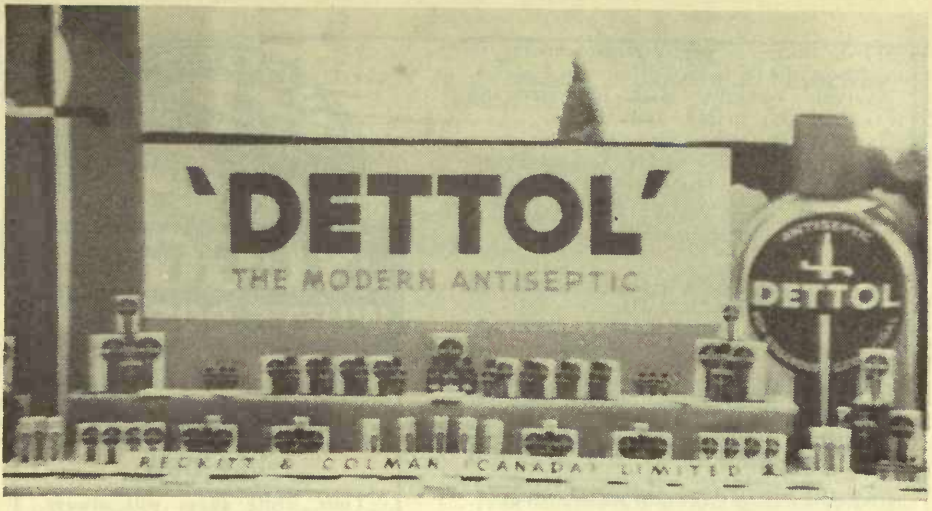


Photograph of Reckitt & Colman exhibit as shown at the Convention of the Canadian Nurses Association in Calgary

Married: Recently, Miss Joan Savage (M. G. H., 1938) to Mr. Vaughn H. Moore.

Married: Recently, Miss Carrie R. Hollett (M. G. H., 1936) to Mr. Jack R. Daucey.

Married: Recently, Miss Gladys Barry (M. G. H., 1930) to Mr. Sydney Joul.

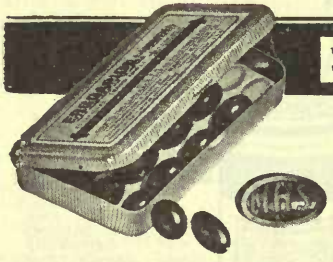
Royal Victoria Hospital:

The following Royal Victoria Hospital nurses are now on active service: Miss Ida MacKay, who served with the British Red Cross Sisters during the evacuation from France, is now in England; Miss Elizabeth Adsit is in England with the R.C.A.M.C.; Miss Kathleen King and Miss Elizabeth Lyster are with the American Scandinavian Hospital Unit.

The R.V.H. Red Cross Group under the convenership of Mrs. F. E. McKenty, has, since January, made and shipped 131,370 dressings for the Red Cross; 275 pairs of socks have been knitted and given to the Army and Navy.

Miss Nora Nagle who has been in charge of the Teaching Department has resigned. Miss Elsie Allder has succeeded Miss Nagle, and Miss Helen Sharpe, who has been in charge of the outdoor department, is taking Miss Allder's place in the Training School Office.

It has been a great pleasure to welcome back to Montreal after an absence of many years, Miss Lillian Owen a graduate of 1896. Miss Owen intends making her home in Montreal for the present.



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Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Mary Peter, St. Joseph's Hospital, Glace Bay; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Frances Brown, Wolfville.

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Reader's Guide

Some people like a "reader's guide" because it helps them to skip judiciously. Others like it because it tells them something about the people who write articles for this journal. Then there are independent souls who scorn guidance of any kind, but since they will never read this page we need not try to placate them. But if you have got this far, we hope to entice you further, so your attenton is drawn to "Nursing Education in Canada—1940", by **Agnes J. MacLeod,** and the related editorial comment, "A Courageous Analysis". If after reading these articles you feel like sitting down and writing us a good strong letter, please obey that impulse. That is just what Miss MacLeod (and the editor) are hopefully expecting.

In the succeeding paragraphs, you will find informal notes about our other contributors and, at the back of the book, you may go "off duty".

Because **Pearl Morrison** has achieved success in her chosen field, she may speak with authority about the nurse's share in hospital administration. Miss Morrison has served as superintendent of the McKellar General Hospital, Fort William, and later as superintedent of nurses in the Sibley Hospital, Washington, D.C. In 1937 she was appointed superintendent of the Toronto Hospital for Incurables, and in this capacity has made a notable contribution to the welfare of patients whose care requires unusual resourcefulness and skill. Miss Morrison believes in practising what she preaches, and has prepared herself for administrative work by taking the course in admnistration offered by the British College of Nursing and by obtaining the certificate granted by the American Hospital Association to qualified administrators.

Under the caption of "All in the Day's Work," **Hilda St. Germain** begins a vivid story which will be continued in future issues. Mrs. St. Germain was born in the Isle of Wight and comes of yeoman stock who have farmed the same land since 1654. She received her professional training in the Metropolitan Hospital, London, and is also a qualified midwife. She served with distinction during the last war and won the coveted Croix de Guerre. In 1930, after a varied and active professional career, Mrs. St. Germain became nurse-in-charge of the Red Cross Outpost at East Braintree, in the Greater Winnipeg Water District.

At the time she "went on the air" to such excellent effect, **C. E. Mary Rowles** was a member of the teaching staff of the Sherbrooke Hospital. She is now instructor in the School of Nursing of the Medicine Hat General Hospital.

As a member of the nursing staff of the Metropolitan Health Committee of Greater Vancouver **Lyle Creelman** has an exceptionally broad and stimulating opportunity for developing the mental hygiene aspects of the public health program. Her article is the substance of an address delivered before the Public Health Section of the Canadian Nurses Association at the biennial meeting. Miss Creelman has recently been elected secretary-treasurer of the Section.

If you have ever "waited for a call" you will enjoy the vivid story told by **Beatrice Andrews** who is herself a private duty nurse practising in Winnipeg, Manitoba.

Geraldine Homfray proves that much can be made out of "stuff and nothing" if only you know how to develop hidden skills. Miss Homfray is an instructor ni the Department of Nursing and Health of the University of British Columbia.

In some mysterious way, Newfoundland has come much nearer to Canada since the war began. **Mrs. Chryss Abernethy** gives an interesting glimpse of the cottage hospitals which give such excellent service to the hardy people of a stern and rugged land.

Isabel Calhoun and **Doris Payne** are students in the School of Nursing of St. Joseph's Hospital, Toronto. Their response to a week spent with the Hospital Health Service shows the value or including such an experience in the basic nursing course.

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The
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OCTOBER, 1940

A Courageous Analysis

With every day that passes, the tragic consequences of this relentless war touch our lives more closely. Already, shiploads of refugee children are reaching our shores, and as the months go by the demands made upon the nurses of Canada for service at home and abroad will be greater than ever.

In wartime it is natural to stress nursing service, even at the expense of nursing education. We forget that the two are inseparable, and that the quality of the service we offer to our country depends on the soundness of our preparation. We shall do well, therefore, to pay close attention to the findings contained in a report compiled under the auspices of the Nursing Education Section of the Canadian Nurses Association by its retiring president, Agnes Macleod. The text of this report appears in this issue of the *Journal* under the caption of "Nursing Education in Canada — 1940". A few weeks after she presented this report at the biennial meeting of the Canadian Nurses Association, Miss Macleod was appointed Matron of a unit of the nursing service of the R.C.A.M.C., and assigned to duty overseas. Prior to this appointment, she served for three years as the Director of the School of Nursing of the University of Alberta, and took a prominent part in educational activities in her own Province and in the Dominion at large.

By virtue of her sound academic preparation and her wide professional experience, Miss Macleod speaks with authority. Furthermore, she has the courage of her convictions and does not hesitate to put her finger on the weak spots in our present system. She tells us that far too many schools of nursing are being conducted by hospitals which cannot offer sufficient clinical experience to their students. There are 218 schools of nursing in Canada, and in 14 of them there is no full-time instructor; out of 211 instructors, 44 have had no specific

training as teachers. Some of the blame for this state of affairs is placed squarely upon the shoulders of superintendents of nurses who, in some instances, have not fully qualified themselves for the positions they hold, and are therefore out of touch with modern methods in education. Miss Macleod contends that superintendents of nurses should be "as well or better qualified than the instructors who are members of her staff," and manifestly she is right. But the root of the trouble goes deeper than this, and in an early issue will be further explored. In the meantime, comment is invited on this able and courageous analysis of the present state of nursing education in Canada.

Many a superintendent of nurses shares the sense of frusration experienced by an instructor who, under prevailing conditions, cannot carry on her duties effectively. But she is not always responsible for these conditions. Too often, she is herself the victim of them. E. J.

Nursing Education in Canada – 1940

AGNES J. MACLEOD, M. A.

In the Spring of 1940, the chairman of the Nursing Education Section of the Canadian Nurses Association sent out a questionnaire to the Registrars of the Provincial Associations of Registered Nurses. Its purpose was to find out the number of schools being conducted by hospitals, and the number of students in training at the beginning of 1940, as well as the number, and preparation of superintendents of nurses, assistant superintendents, instructors and clinical supervisors engaged in the various schools. It was also the intention of the questionnaire to determine the number of religious Sisters, as compared to lay nurses, in the various positions.

As the questionnaire was prepared hurriedly, some of the questions did not convey the compiler's meaning and some of the replies were confused. The information received concerning assistant superintendents was not clear enough, and the term "clinical supervisor" was interpreted in different provinces to mean teaching supervisors, department supervisors, and head nurses. It is therefore only in relation to superintendents of nurses and instructors that we can make any specific statements. However, the information, though limited, does show us some very interesting facts, but before presenting them, we shall quote some excerpts from the Proposed Curriculum for Schools of Nursing in Canada. These excerpts will serve to remind us of the situation which existed in 1930, and to review some of the principles which we have accepted as our guiding stars. They will also help us to see what we have attained, and how far short we have fallen in many respects. In each case the page is given for future reference.

1. In 1930, there were 218 schools of nursing in Canada, connected with hospitals graded according to bed capacity as follows:

300 beds and over	32
Between 100 and 300 beds	62
Less than 100 beds	124
Total (p. 16)	218

2. It is questionable if a general hospital with a daily average of less than 100 patients can provide the necessary varieties of experience in the care of the different types of illness, or the variety of community experience, which is just as necessary for the preparation of the modern nurse. (p. 16)

3. It is believed that in a general hospital of from 200 to 400 beds, the necessary opportunities for education and supervision of students are more likely to be secured than in smaller or larger hospitals. Specialized hospitals should be properly equipped and utilized for affiliation purposes, and for post-graduate education. (p. 17)

4. A School of Nursing should provide for all its students competently directed bedside instruction and supervision in the following major hospital services: medicine, surgery, communicable diseases, pediatrics, obstetrics, and psychiatry. (p.18)

5. It is expected that instructors in schools of nursing should meet the educational standards required of teachers in other professional fields. Teachers in schools of nursing should have a sound general education of University standing. The teacher of the science subjects needs a particularly strong science background in order that she may be able to select, organize and adapt science subject matter to the needs of the school of nursing curriculum. (p. 29)

6. Teaching is largely a matter of student-teacher relationship, and a curriculum remains a static thing unless vitalized through the personality of an inspired teacher. Besides a forceful personality and special aptitudes, she must have a thorough understanding and mastery of the subjects which she teaches. Besides these essentials, the head of a teaching department should possess capacity for leadership as well as administrative ability.

7. The teacher of nursing should be carefully selected and prepared. It is important that she possesses skill in the art of nursing. She must also have a thorough understanding of the scientific principles underlying the art or practice of nursing. (p. 30)

According to the information obtained through the questionnaire, the total number of Schools of Nursing in Canada in 1940 is 172. Of these 157 are conducted by general hospitals, and may be classified in relation to bed capacity as follows:

Over 800 beds:	2
From 800 to 200 beds:	43
From 200 to 100 beds:	48
Less than 100 beds:	64

The fifteen special hospitals which maintain schools of nursing are classified according to the nature of the service:

Children:	4
Mental:	5
Tuberculosis:	1
Military:	1
Communicable Diseases:	2
Obstetrics and Gynaecology:	1
Orthopaedics:	1

The total number of students now in training is 10,025, geographically distributed as follows:

British Columbia:	7 schools;	528 students.
Alberta:	11 schools;	817 students.
Saskatchewan:	10 schools;	678 students.
Manitoba:	16 schools;	819 students.
Ontario:	59 schools;	4075 students.
Quebec:	37 schools;	2092 students.
Nova Scotia:	15 schools;	632 students.
New Brunswick:	14 schools;	492 students.
Prince Edward Island:	3 schools;	76 students.

Out of the grand total of 10,025 students, 1878 are enrolled in schools conducted by general hospitals with a bed capacity of less than 100. Forty-five students are enrolled in schools conducted by special hospitals with a bed capacity of less than 100.

The replies to the questionnaire indicate that the academic qualifications

of 175 superintendents of nurses are as follows: 34 have degrees from a recognized University; 48 have diplomas in teaching or administration in schools of nursing; 5 have certificates as school teachers; 2 have taken courses at summer sessions; 86 have had no post-graduate or university course, either in teaching or administration.

The academic qualifications of 211 instructors are as follows: 25 have university degrees; 118 have a diploma in teaching in schools of nursing; 16 have certificates as school teachers; 8 have taken brief courses at university summer sessions; 44 have had no post-graduate or university courses in teaching.

What can we say about these facts? Surely they speak for themselves, at least to those who have ears that hear and eyes that see. And there are many more interesting things which can be gleaned from the findings:

1. In 14 schools of nursing there is no full-time instructor.

2. Since 1930, the number of schools has been reduced from 218 to 172. Nevertheless, we find that approximately one-fifth of all the student nurses in Canada are being trained in schools of nursing conducted by 64 hospitals having a bed capacity of less than 100. We must also remember that the 14 schools which employ no full-time instructors probably belong in this group.

3. There are 15 special hospitals, responsible for the training of 493 students. Many of these hospitals probably have arranged for adequate affiliation privileges for their students. But by maintaining schools of nursing they are limiting the opportunities for affiliation which they ought to provide for students from general hospitals.

4. The vast majority of our students are not receiving training or experience in the nursing of patients suffering from mental disease. The writer is forced to believe that this is largely due to the superintendents' own lack of initiative. It is much easier to keep students in the home hospital than to arrange affiliation experience for them.

Need we comment further on the lack of prepared personnel in the two key positions on the school of nursing staff? How can superintendents of nurses who hold the dual position of director of nursing service and principal of the school of nursing possibly handle their work adequately, depending only upon experience? No other school system would tolerate such a state of affairs. The sooner schools of nursing are linked up with other professional schools under recognized educational authority the better it will be for nursing. There is nothing more discouraging for the properly prepared teacher than to find herself on the staff of a school of nursing working with and under women who do not have sound educational preparation themselves, or possess a proper appreciation of nursing education standards. The superintendent of nurses should be as well if not better qualified for her position as director of the school than the instructors whom she employs on her staff. The superintendent of nurses without preparation has no right to the position she holds and should recognize this fact herself. In the meantime, our schools of nursing are not progessing and we have over 10,000 students the majority of whom are not being prepared as well as they should be in this year of 1940.

It is imperative that nurse administrators and instructors get together for discussion and exchange of ideas. The best way to do this is to take a post-graduate course. Furthermore, one year of post-graduate work is not going to last a life time. Just talk to some

of the nurses after they come home from a year of university work. They are bristling with enthusiasm—but what do the rest of us do to them? We keep them out of jobs, suppress their enthusiasm, and after three or four years they are reconciled to the rut with the rest of us. Every nurse in the field of nursing education should, about every three or four years, take a new position or a post-graduate course. Otherwise, she loses her enthusiasm and there is nothing more deadly for students than teachers without enthusiasm! It should be an accepted principle that staff nurses should take post-graduate work at least every five years. What do the superintendents who have no such work to their credit, or who have not taken any for many years, have to say to this?

Too many nurses are sitting too comfortably and are not honest enough to admit that it is time they moved on. Superintendents should educate their boards to demand post-graduate preparation. Hospitals should review contracts at definite intervals—I am inclined to think, yearly. This would give employer and employee a better understanding of the importance of contracts and allow changes to be made in a more business-like way. At present, once a nurse is employed, nothing short of a scandal makes the hospital replace her. The better people get discouraged and leave, while the stand-patters stay on and on while nursing education moves apace.

Now, if ever, we need well-trained nurses; nurses who understand the nature of the treatments they are called upon to give; nurses who can work shoulder to shoulder with the medical profession; nurses who live up to high professional standards. We have over ten thousand students in our schools today, but the scientific principles upon which modern nursing is based are being very inadequately handled. We cannot help but admit that our students deserve better science courses, especially in anatomy, physiology, bacteriology, chemistry and nutrition. Individuals apparently can do no more than they are now doing under present conditions. Therefore, why not amalgamate their science programs? Put the director of your university school in charge; ask her to look into the possibilities at your university; ask her to draw up a plan, and, even more important, give her some funds with which to work.

By way of a tentative plan for centralized science instruction the following suggestions are offered:

1. Work on a provincial basis. We have provincial schools of medicine, pharmacy, dentistry, household economics and education. Why not nursing?

2. Make a start in one selected city. If it seems more feasible, choose the city in which your university is located.

3. Work through the Provincial Association of Registered Nurses and the Provincial Hospital Association.

4. Show the university you are willing to help with the financial responsibility.

The centralized science instruction course might be offered twice yearly by the University. The terms might extend from September to December and from January to April respectively. Each term would last about twelve weeks, and half the number of first-year students would thus be in attendance at the University at any given time. These students should pay a limited tuition fee and provide for their own maintenance, just as all other

students going on to other schools after high school graduation are required to do.

The course should be conducted under the general supervision of the director of the University School of Nursing, and should be carried on by a staff of three or four properly qualified nurse science instructors. The content of the course should include: anatomy, physiology, bacteriology, chemistry, elementary materia medica, psychology, and introductory nursing. All students should pass this block of instruction before being allowed to enter their respective Hospital Schools of Nursing.

Under this plan, Hospital Schools of Nursing will still need an instructor of nursing practice and clinical supervisors, as well as physician lecturers, to carry on the rest of the curriculum. But the Schools would receive students who already have a basic scientific preparation for the study of nursing The weak students would be eliminated before they learned anything of nursing practice, thus preventing wasted effort for the home school. All the graduating students would have had equal scientific preparation, and would not be handicapped as are the graduates of some of our schools today.

It would be necessary to make sound financial provision for the service given by the University. Each Hospital School of Nursing should pay, on a per capita basis, for its students who are taking the course. In this connection, the hospital should make a careful study of the expense thus incurred, as compared to the cost of the graduate nursing service which the hospital would be obliged to provide if it did not maintain a school of nursing. The students should pay tuition fees, possibly about fifty dollars for the term. The Provincial Association of Registered Nurses should be prepared to contribute toward the establishment of the course, or possibly offer loans to students who cannot afford the initial outlay. Eventually, the University would probably consider handling the whole undertaking; but no University could, without considerable financial assistance, establish such a program immediately.

The following table shows the approximate number of preliminary students in each Province for whom centralized science instruction might be arranged:

Alberta	275
British Columbia	200
Manitoba	275
New Brunswick	195
Nova Scotia	225
Ontario	1500
Quebec	700
Prince Edward Island	30
Saskatchewan	225

It would seem as though British Columbia, Manitoba, New Brunswick, Nova Scotia, and Saskatchewan could each manage with one centralized University school. Prince Edward Island might make arrangements with New Brunswick. Ontario and Quebec would naturally require several University Schools in order to accommodate the larger number of students.

At present, the outlook is uncertain and the question before University Schools of Nursing is: how long shall we continue as such? University facilities will certainly not be used by other students to the same extent if the war continues. Could not the members of the nursing profession, upon whom so many demands will be made, use these facilities to the full in the meantime? This whole plan may be too visionary —but its possibilities are at least worth consideration.

All in the Day's Work

Hilda St. Germain

I left Winnipeg on September 29, 1930, to start my new work at a Red Cross Outpost Station. It is true I had had a varied career and had served in the army from August, 1914, until March, 1919, but still this was quite a new venture. I wondered if I would be a success or not, but made up my mind that it would not be because I had not tried. My first surprise was when I saw the train in which I was to travel. It was about half the size of a street car, very much lower, and was driven by a gas engine. The scenery was beautiful—tall stately pine trees and cedars, their dark green showing off the lovely autumn dress of the birch and poplar.

The first welcome came at Reynolds, Mile 56, the beginning of my district, which I understood was to extend to Shoal Lake, Mile 97. At Reynolds, a lady got on the car and coming up to me asked: "Are you the new nurse?" When I replied that I was, she pointed to her house, which was on the other side of the river. "I live there", she said, "and I want you to feel that you will always be welcome whenever you come to Reynolds, even if it is in the middle of the night". I had hardly time to thank her for her kindly thought before we were on our journey again.

I was delighted with the Red Cross Station, a little log house perched high on the banks of the Birch River A small rustic bridge spanned the river, and graceful birch trees trailed their golden leaves right down to the water's edge, while under the bridge the river flowed over boulders of red granite, thus forming rapids. On the other side of the cottage there was a small thickly wooded glen, spanned by a corduroy bridge. The cottage had a tiny kitchen, a nice bright living-room with three windows and an open fireplace, a bedroom and a dispensary which was equipped with everything I was likely to need, including a well stocked drug cupboard and a bed where patients might stay over night. I was alone for one day, and was oppressed by a feeling of great responsibility, but it gave me time to look through the records and make myself acquainted with the cottage. The next day Grace came, bringing the six-weeks-old puppy, "Sandy", with her, and who could be lonely with such a competent maid as Grace!

On the Saturday after my arrival I took my first trip. It was to Shoal Lake, Mile 97, and I travelled for the first time on the open speeder. What a long journey it seemed and it poured with rain. When I arrived at my destination it was dark. My patient, a little girl, was very sick, temperature 105 degrees. She was vomiting and as I expected had been eating choke-cherries and cream. A rectal wash, tepid sponge, ice to her head, and a Dover's Powder and by 1 a.m. the child was sleeping. The next morning she was feeling quite bright again, and though it was still pouring with rain I thought I ought to go home. I felt sorry for the man who was driving the speeder. The rain ran off the brim of his hat like water running off the eavestrough, as it did off mine, only I had not to see in order to drive.

I arrived home to find a cheery wood fire burning on the open hearth, and Grace waiting with a good meal for

me. I changed my sodden clothing and had a quiet afternoon. The rain had changed from a fine drizzle to a deluge when about 8 o'clock a man came to the door. He could not speak much English, and had a friend with him with a car. He wanted me to go with him as his wife was about to have a baby. So we started on the Dawson Road.

The car slipped and slid on the road, and after we had driven a long way the trees were so thick that there was only just room for the car to pass. Then we had a blow-out, and that had to be mended by jacking up the car with a fallen tree which the two men had to drag some distance in the pouring rain. By this time the night was pitch-dark. We crossed a meadow, the mud clinging to our boots, and came to the banks of the river. The river, black as night, lay fully five feet below, and I was told we had to cross it. So I sat on my heels and slid, my bag in my hand. The man found a square box-like boat, half-full of water, and a piece of wood for an oar. I baled while he rowed. Halfway over he said, "Water deep, me no swim". I thought with all the mud clinging to my boots and the weight of my heavy coat that my own chances would be poor if the old boat went down. However, we arrived safely, scrambled up the slippery banks and across another field to the two-roomed cottage.

The Red Cross Nursing Station

The patient lay in bed, groaning, and an old woman sat on the foot of the bed chuckling and laughing, but not attempting to do a thing. The baby had been born an hour, and still lay under its mother's knees, covered with flies. The cord had not even been tied, and the afterbirth had not been expelled. I separated the baby, gave the mother pituitrin, and an hour later got the afterbirth completely delivered. The five-pound baby was weighed, bathed, and her eyes attended to. The mother was bathed, a binder put on, and the bed made and by this time it was three o'clock in the morning. There were some sacks in the corner, and the old woman made up a bed for me on these, where I certainly did not sleep. At 6 a.m. I had a cup of coffee (full of flies) and some rye bread. The man then got out his team to drive me to Reynolds, where I was to catch the gas car home. Mother and babe were doing well, so leaving them we started for Reynolds.

The rain had ceased. It was a beautiful morning, birds singing, and the world washed clean. The trees were lovely in their autumn dress. The man,

wishing to be kind to me, had filled a sack with hay for me to sit on. The roads were dreadful and had I sat on the floor of the wagon I should have been alright, but how I wobbled backward and forwards and from side to side on that sack! The man did not notice because he was so pleased—this was his first child. "The nice baby—how many pounds you say she have? Me, I forty years, my woman she dirty". (I agreed there, although he meant thirty). "That baby, she have name, Stefenaya. Nice name, eh? You tell Municipality Boss I got baby". He never noticed my efforts to keep on that sack.

When at last we arrived at Reynolds I was so tired, no sleep that night, and very little the night before, and the gas car not due until noon. I took a longing look at the big white house and thought of the lady who had given me the kind invitation. Could I call on a stranger at 8 a.m.? While I hesitated, Mrs. T. herself came out to hang her clothes on the line, saw me, and came to me at once with her kindly greeting: "You look so tired, come in, I will get you a cup of tea". How welcome I was made! I lay down on the couch and was soon fast asleep. Mrs. T. woke me at eleven, gave me an excellent meal, while she chatted with me and made me feel at home. Then I went home on the gas car. When I got in Grace and Sandy were waiting for me, and the first thing I needed was a good wash. While I was having it another man came for me with a team, to see his wife. They lived about five miles away so I had to start out again.

The woods were beautiful in their autumn colouring, and the blueberry bushes which covered the ground were bright red. The wagon on which we

A home-made bridge

rode was just a plank laid across the axle, but we jogged along and I was not much shaken. The patient, I found, was living in a tiny log house. The floor was just poles, and the walls were covered with Eaton's boxes. The woman needed an operation, but three years before she had travelled over a corduroy road and the memory of that journey was so bad that she had never even ventured as far as the railway track since. The family had not been physically fit for pioneering, but did not wish to ask for help. There were two nice little boys, aged seven and four. I had brought some old magazines and English pictorials, and if I had brought them a whole Broadway show they could not have been better pleased. I arranged for the

woman to go to hospital the next week, and to stay the night before at the Red Cross Station so as to save her the long journey in the early morning. I think the talk with another woman, and the books, had done much to cheer her.

EDITOR'S NOTE:

This article is the first of a series dealing with the experiences of Mrs. Hilda St. Germain as nurse-in-charge of the Red Cross Outpost at East Braintree, Manitoba. Further information concerning the author will be found under the caption of "Reader's Guide".

The Nurse in Hospital Administration

PEARL L. MORRISON

The principles of hospital administration are more or less the same in all hospitals, and yet no two hospitals, even of the same type, can really be administered in exactly the same way. As it happens, I have lived and worked in several different types of hospitals, and in small hospitals as well as in very large ones, both at home and abroad. I find that the same pattern underlies it all, but it must be fitted and trimmed and all the wrinkles must be ironed out if it is to be made to fit where it originally did not.

The Board of Directors formulates the administrative policies of the hospital, and thus supplies the original pattern, but the administrator must "take in" and "let out" and supply the lace collar which so often sets off a plain dress. A nurse, trained in a hospital and with the necessary experience before she comes to administration, ought to be able to iron out the wrinkles better than anyone else. Like all competent administrators, she advises, and is advised, by the Board of Directors as she proceeds.

First of all, grounds and a building are necessary, and these must be maintained in good order. No one can suddenly assume this responsibility, nor manage a hospital successfully without suitable previous experience. The cooperation of competent heads of departments, working with the superintendent, produces an efficient, smoothly-running hospital. Without such assistance, the job is difficult indeed.

A recent study of 1215 hospitals showed that:

1. In 48 hospitals having a capacity of over 300 beds, there was not a nurse superintendent.
2. In 40 percent of the hospitals of from 100 to 300 beds, the superintendent was a nurse.
3. In 71 percent of the hospitals of less than 100 beds, the superintendent was a nurse.

Why are there not more nurse administrators in the larger hospitals? Not long ago, I talked with a nurse who was very much upset because a hospital official remarked that it was our own fault. I agree with him! In the hospital, we nurses learn to care for sick people. Surely we have an insight into the needs of the patient which no other group can possibly acquire. Taking a fair education and ability for granted as a start, why should we be content to hand over the field of hospital administration to others?

First of all, why is it that so few ad-

mitting officers are graduate nurses? Unfortunately very few are, but I know intimately an active 325 bed hospital where all patients are admitted by a graduate nurse. The doctor makes room reservations with her and, at the same time, gives the orders for his patient. Because she realizes the "whys and wherefores", mistakes are very rare. When a patient arrives, she finds the way has already been paved for her; the nurse meets her, takes her to her room, and deposits her admission slip and the doctor's orders with the floor-nurse. The patient not only receives an understanding welcome, but the floor-nurse is also given all details at once, thus eliminating confusion and unnecessary delay.

Who can understand better than the nurse, what the nervous frightened patient has to face? Whether she faces an operation, an X-ray examination, or whatever it may be, the admitting nurse *knows*, and can act accordingly. The nurse's uniform and cap go a long way toward giving comfort and a feeling of safety, and the patient feels that she is in the care of someone who knows what she is talking about. Most of us have heard the kind admitting-clerk assure patients that "everything will be alright". Perhaps it sounded a little ridiculous, because it was evident that he really did not understand the situation; this is often evident to the patient, and irritating. Obstetrical cases particularly appreciate having a nurse at the admitting desk.

I consider that the graduate nurse is of the utmost value as an admitting officer, because, having been in touch with the doctor previously, official routine is minimized. She can interview the member of the family who is financially responsible, and can direct him to the business office as *she* takes the patient upstairs. This same nurse, when in her office, answers telephone calls regarding the condition of patients and avoids the routine replies which irritate enquirers, because so often they have no meaning whatever. Twice daily a report is passed from the desk of the superintendent of nurses to hers. This contains accurate information about patients who are seriously ill, as well as operations, births, deaths, transfers, etc., so that she is always aware of the unquiries.

Because this admitting nurse was chosen for her ability to know what to say and how to say it, she gives a service which could not be given by anyone who does not possess her special qualifications. In some hospitals, graduate nurses serve as technicians in the laboratory and in the X-ray department. The position of Record Librarian is another good field for a graduate nurse. Upon one occasion a nurse, who also had an academic degree, found that the medical field interested her, while bedside nursing did not. Having prepared herself by suitable studies, she became a most valuable record librarian because she so clearly understood the recording of medical histories.

My personal secretary had also taken a nurse's training, but solutions were constant irritants to her hands thus making bedside nursing impossible for her. After studying shorthand and typing, she found that her nursing course qualified her to become a competent secretary in a School of Nursing office. She has since taken University work, and a wide field is thus before her. So it might be for other nurses if only they would not make the mistake of thinking that once they graduate they may stop learning. As someone has wisely said, "you must run as fast as you can to stay where you are."

As the years go by, nurses are evident-

ly being shut out more and more from choice positions in the hospital. Furthermore, nurses are accepting this as an unavoidable situation. Why? Apparently because nurses seem to be content to sit back and let anyone who wants to, run away with what they might have if they only would go after it. However, there is no use in going after what you are not prepared to hold. You must forget your own likes and dislikes, and climb first by preparation, then by application. Nurses must prove to the public that they are part of the hospital world and that no position in it is beyond their capacity.

Graduate nurses have definitely lost the field of dietetics and, if they cannot prove that they are worth more than the practical nurse, they will lose out in private duty. The graduate nurse is also losing out in the hospital because she is not willing to prove that she can do better work than those who are not nurses. Talking at meetings will not do it; it is by our deeds that we are known.

Judging by the figures given at the beginning of this article, there appears to be a mistaken idea that nurses are capable of managing small hospitals but not large ones. I disagree, having worked in both. The nurse superintendent in a small hospital, particularly the isolated one, is expected to know everything. She must be able to step into the birth room and the operating room, and show others how to perform any procedure which may be necessary. She must also be able to direct the adjustment of a pressure sterilizer because no one else knows more about it, the service man is many miles away, and the need urgent. A life is just as important in a small hospital as in a large one, quick action is necessary, and she has no one to fall back upon.

As to the buying of surgical supplies, the salesmen only come to the isolated hospitals every six or eight weeks, and, if buying is not carefully done, tragedy results. In a large city, the salesman comes once a week and a telephone message will bring supplies or service at a moment's notice.

The superintendent of a small, or outlying hospital, must be at home in every department whether it be the business office, engineering plant, or the laundry. She usually cannot count upon a competent staff as in the metropolitan hospital, to help her, and if she cannot rise to the occasion she falls in the estimation of the patients, the nurses, the Directors, and the public. I can remember disapproving strongly of an incinerator which I found in a hospital of which I had charge. No architect was available who knew anything about building a hospital incinerator, so the Board of Directors asked me how to do it. I did not know either how to build one—but I proceeded to find out.

Why should the nurse not manage a hospital better than anyone else? She has had three years as a student, and a gradual climb through the different departments with increasing responsibility, including night supervision where there is a great deal to learn which is peculiar to "just night duty". Of course, some post-graduate work needs to be sandwiched in as well as other broadening experience. Cultural opportunities and travel should not be forgotten.

Do not bury your heads in the sands of the nursing profession, but look about you. Read hospital magazines as well as nursing journals; attend hospital conventions as well as nurses' meetings. Be willing to prepare yourselves to administer hospitals and, if you carry with you the professional ethics and dignity of our profession in combination with business ability, nurses will prove to be the real hospital administrators of tomorrow.

On Active Service

Although we fully realize that censorship is right and necessary, it has been hard to refrain from comment in the *Journal* concerning the various military Nursing Units which are proceeding overseas. Until their safe arrival has been officially announced, nothing can be said about their movements even though we know they have set out upon the great adventure. English nursing journals are more fortunate, and can display grand pictures showing Canadian Nursing Sisters being greeted by the Duke of Kent and having afternoon tea with other notable persons. But, while we are proud to know of this hearty welcome, there are so many questions we should like to ask them in these critical days which must be filled to overflowing with difficult and dangerous tasks.

Even from the radio and the newspapers we get an inkling of the magnificent response which nurses in the British Isles are making, especially in the districts where air raids have been most devastating. Those of us who know London well, are wondering which hospital can proudly claim the nurse who, as soon as she was extricated from beneath a pile of bricks, said she would have to "hurry up and get on duty, they will be busy on the wards." There was something magnificent too, in the spirit of the operating room staffs who calmly continued their work even while bombs were falling on another wing of the hospital. After all, discipline does count when it comes to a pinch, especially when it is enlightened by intelligence and resourcefulness.

It is interesting to note how the hammer strokes of war are creating new demands for nursing service in Britain. The Minister of Labour and National Service has ordered that "a trained nurse shall be appointed to every factory working for the Crown", and

Canadian Nursing Sisters formed the guard of honour at the opening ceremony of the Canadian Red Cross Hospital at Taplow, in England. Matron Machray (of Winnipeg) and her assistant stand nearest the camera at the end of each line.
Courtesy of the Canadian Red Cross Society.

thanks to the alertness of the Royal College of Nursing, courses have been established whereby nurses may qualify themselves for industrial work, and if necessary, this instruction can be carried on by correspondence.

Another interesting sign of the times is the series of articles now being published by the *Nursing Times* on "Foreign Phrases for the Nurse". These are given in French, German, and Polish, and are spelt phonetically. We can think of many Canadian hospitals where these phrases could be learned to advantage. Only those who have been ill in a foreign land know how comforting it is to hear even a mis-pronounced word in one's own language.

There can be no doubt that the arrival of Canadian Nursing Sisters in England is a source of great pleasure to British nurses. They, with the Sisters from the other Dominions, stand ready to serve our Commonwealth.

Ready to Swing into Action

Under the caption of *Notes from the National Office* in this issue of the *Journal*, will be found the full text of a letter addressed to Miss Grace M. Fairley, President of the Canadian Nurses Association, by Miss Julia C. Stimson, President of the American Nurses Association. This letter announces the formation in the United States of a Nursing Council on National Defence, composed of representatives from the American Nurses Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the Association of Collegiate Schools of Nursing, and the American Red Cross Nursing Service. The following groups will be asked to appoint their directors or superintendents to serve on the Council: Army Nurse Corps; Navy Nurse Corps; United States Public Health Service — Nursing Service; Veterans Administration— Nursing Service; the Federal Children's Bureau. The functions of the Council are:

1. To determine the role of nurses and nursing in the program of national defence.
2. To unify all nursing activities which are directly or indirectly related to national defence.
3. To study nursing resources; to plan the most effective use of these nursing resources; to provide for necessary increases; and to set up the machinery which will insure the quickest possible functioning in case of need.
4. To insure the continuance of the high quality of nursing schools and services in order that effective nursing may be maintained in a national emergency.
5. To act as a clearing house regarding nursing and national defence, and to cooperate with other agencies having related activities and functions.

The circumstances which have brought about the formation of this Council are described in a Bulletin recently issued by the American Nurses Association. The Association is of the opinion that the profession must be prepared to meet the statements of careless thinkers and the arguments of poorly

informed groups who, in times of stress, talk of short courses and substitutes instead of concentrating on the real need which is for well-prepared professional registered nurses.

The Nursing Council on National Defence can initiate programs if swift action becomes essential, and suggests that local situations be studied so that nursing may swing into effective action along with the medical and other related professions. It is indeed heartening to know that our American sisters, with their customary initiative and resourcefulness, are preparing to meet the demands which may soon be made upon them. The closing lines of Miss Stimson's letter to Miss Fairley convey a pledge of loyal friendship which Canadian nurses heartily reciprocate: *May we assure you of our desire to co-operate with you in every possible way as our Governments make plans for defending our common interests.*

With the Civil Nursing Reserve

I had a very quiet winter working in my office in London but when casualties began pouring back from France into England, I began to feel that I'd like to do some hospital work. I volunteered to go to Norway first but, of course, that campaign was too quickly over. Finally I joined the Civil Nursing Reserve and on July 1, came to the military hospital where I am now working. The Civil Nursing Reserve is divided into Sectors and is all a part of the Emergency Hospital Service directed by the Ministry of Health. This hospital is an enormous place, equipped for 3000 patients. It was a large mental hospital in peace time but like lots of other institutions was commandeered by the Government and is being administered by civilians. The nursing is done by parts of the staffs of four London training schools. Also, there are a large number of nurses who, like myself, were not attached to any particular hospital and who were not in the Q.A. I.M.N.S. or other military nursing units for various reasons. There are about 800 nurses in all, most of them very nice indeed.

The grounds cover about four square miles and the hospital is all in separate wings and buildings — quite low, and usually connected by covered runways. There are 18 operating theatres, all very modern with excellent equipment. The nurses' dining room used to be the concert hall and is an enormous room which can seat 300 at a time quite easily. It takes ages to get around, and for days I only knew my way from my room to the dining room and to my ward. The whole organization seems to be excellent and it is very interesting to me to see things done on such a vast scale. Buses come all through the grounds and stop at the front door. Everybody has a bicycle and, although it is strictly against the rules, they sometimes cycle along the corridors too! There are no lifts, but the highest buildings are only three floors and many only have one. By the way, I believe there were Canadian soldiers here in the last war. We get good food, but they keep back part of our sugar and butter for cooking and give us the rest. It is quaint to see everybody coming into the dining hall carrying two little pots (those covered bake-

lite ones from Woolworth's) all in different colours too!

I am working in the best place of all — the Plastic Surgery Department, under Sir Harold Gillies. He is an international figure and I am really delighted to be here. The first day I came, I felt quite sick to see all the mutilated faces, but when one sees what work they do — taking bits of bone from here, muscles from there and skin from somewhere else, it is really quite thrilling. The worst cases are the airmen's burns. Many of them are already badly infected before they get here. They are given hydrotherapy in some cases, and otherwise their dressings are kept moist with M & B 137, dissolved in Dakin's or saline. The skin grafting is dressed with vaseline gauze — a special open mesh gauze almost like curtain net, then dressings, bandages and plaster for ten days. Of course it isn't always possible to use plaster but they do when they can. The cases do extraordinarily well.

Of course we have sentries on duty all around, and a funny thing happened to-night. There is a very large kitchen garden quite near this building, and the girls produce the most wonderful fresh salads every night! (I've never asked any embarrassing questions). To-night I heard them laughing in the hall, and found them being brought in by two Tommies. They'd been collecting the salad with a torch; the sentry had seen the odd flashings and came over and challenged them and asked for their identification cards and so on, all very strict and formal. Of course they had no cards, so the soldiers marched them in for me to identify, with their arms full of tomatoes, apples, raw carrots and so on.

I shall probably stay on all winter as it is so interesting and I am so happy here. The schools and Universities here are carrying on as well as can be expected and better, in the majority of cases, but of course it is not like peace time, so I think that as this war is likely to go on for quite a few years, I'll "do a bit for England" by staying here for a few months.

Editor's Note: These excerpts are quoted (by permission) from a letter written to a member of the nursing staff of the Royal Victoria Hospital, Montreal, by a graduate of the School of Nursing.

THE COD LIVER OIL SITUATION

It is likely that we will experience a shortage of Medicinal Cod Liver Oil unless existing supplies are carefully husbanded. Norway naturally has been eliminated as a source of cod liver oil. To add to our difficulties Iceland, which produces much of the finest oil, had an exceptionally poor season and their yield of oil is only a fraction of the normal.

By drawing on their reserves and enlisting the co-operation of Newfoundland fishermen, E. R. Squibb & Sons of Canada will be able to supply Medicinal Cod Liver Oil in reasonable quantities of their usual high potency. Squibb Cod Liver Oil is so rich that one 5 cc teaspoonful supplies 9000 international units of vitamin A and 1300 international units of vitamin D (far more than the accepted daily requirement for infants and growing children.) Physicians are urgently requested, when prescribing Squibb Cod Liver Oil, to order only 1 teaspoonful daily. Where additional vitamin D is required, rather than ordering multiple doses of the plain oil, it will be appreciated if Squibb Cod Liver Oil 10D is specified.

Mental Hygiene in the Public Health Program

Lyle Creelman

During the past decades the science of public health has rapidly advanced—it has passed through a lusty childhood. Our immunization campaigns against smallpox and diphtheria have practically eliminated, in many cities, those two dread diseases. The protection of food and water supply has greatly decreased the incidence of typhoid fever. The tuberculosis rate has been reduced, and if it were possible to apply the known scientific facts that disease, as well as syphilis, could be entirely eradicated.

Up to the present time we have mainly directed our efforts in public health to the control of certain specific diseases, and the extent of the control of these has largely been effected through regulation. However, while these diseases are decreasing, the degenerative diseases and various kinds of mental diseases have continued to be a serious problem.

They are conditions that are not due to definite single causes as are the infectious diseases. They are due to general living habits rather than to bacteria. Regulations are effective in controlling bacteria, but we cannot by regulations make people eat a suitable diet, get suitable rest, and avoid worry. To make headway against the forms of illness mentioned, reliance must be placed on education rather than on regulations and we must teach the ways of health and not be content to teach only about disease.

Mental disease constitutes one of the chief, if not the chief, hazards to the public health at the present time. Let us examine a few statistics. In Canada in 1937, there were 57 mental hospitals and through their doors there passed 54,855 patients. On December 31, 1937, the number of persons in mental institutions in Canada was 373 per 100,000 population. In 1937 in Canada there were 46,697 University students — some 8,000 less than the number of persons in mental hospitals for that year. In the same year Canada spent on all forms of education $28,-277,534. She spent on the upkeep of her mental institutions $14,017,403, or approximately one-half of the amount spent on education. With the average cost per day per patient as ninety cents, Canada spends nearly $33,000 daily on mental institutions. (1)

It has been estimated that approximately one in every twenty persons born in a community will, at some time during his life, enter a mental hospital because of severe illness. A survey conducted in the Eastern Health District in Baltimore revealed that four and one-half percent of the population exhibited "recognizable evidence of mental deviation". (2) Although the incidence of mental disease in this particular district might not be typical, it does give some definite information on the subject. If we were to apply the results of this survey to Canada it would mean that, in addition to the nearly 55,000 who received institutional care in 1937, there were, in the general population, some 444,000 persons with recognizable personality defects.

In the average class of about forty children there are at least ten children whose mental health is so poor as to interfere seriously with their chance of success, not only in school work but in life work. Of these ten children there are probably two who will at some time later in life become so mentally ill that they will have to enter

a mental hospital. It is a somewhat uncomfortable fact that there are about as many children in the average class in school who will later enter a mental hospital as there are children who will later enter a university. It is clear that we can no more escape our responsibility to the former than to the latter. (3)

Are not these facts and statements a challenge to all public health workers? What can be done about it? Can the incidence of mental disease be reduced as we have reduced the incidence of diphtheria and smallpox? Can we lessen the terrific economic cost, not to mention the cost in terms of human suffering and unhappiness? Without increasing our existing staff or facilities we can do much if we go about it in the right way.

There are two main types of mental disease — the organic and the functional. The former comprises about one-third of all patients in mental hospitals and the latter about two-thirds. It is in the prevention of functional mental illness that mental hygiene plays the important role. We find functional mental illness in adults who have developed, to an extreme degree, unhealthy habits of adjusting to difficulty. It is normal and inevitable that certain obstacles will block some of our desires, but the important thing is the method we use in dealing with such difficulties when they occur. The pattern for these unhealthy habits of adjusting to difficulties is set in childhood when there is a failure to face reality evidenced by any of a number of symptoms, such as daydreaming, running away, stealing. Mental hygiene might be best defined as "the art of trying to keep well emotionally and mentally". (4) If we are to promote effective education in mental hygiene in terms of this definition we must, as indicated previously, promote the ideal of positive health. This will involve a conception of health as something more than physical fitness or the mere absence of disease. It means a state of mental, physical, and spiritual fitness and an harmonious adjustment of the individual to the social environment. Both physical and mental factors are important in determining the individual's adjustment, and they are so closely related that in many cases they are inseparable.

It would seem logical that the public health worker, who has already assumed as a major task the promotion of physical health, would be the natural person to incorporate mental hygiene into the existing programme. The public health nurse is the one health worker who is in the best position to take the next step forward in the campaign. Her opportunity lies in the fact that she has a natural basis for contact with a large number of people at times when they are likely to be more receptive to teaching and to accept the nurse as an authority. Through her the information about human behaviour which is now available may be used to the fullest extent. In her individual and group contacts with parents, teachers and children she can make this approach to the problem of mental disease as effective as has been the approach to any problem of physical illness.

In many large health departments there is a Division of Mental Hygiene staffed by a psychiatrist, psychologists, and social workers. In the schools, "cases" are referred by the principals. The social workers go into the homes to take the histories, the psychologist gives tests, and the psychiatrist interviews and makes recommendations. The social workers then follow up these "cases" and supervise the homes trying, with

the parents, to substitute for the old habit patterns new patterns which will bring about the desired adjustments.

In Vancouver we have on the staff of our health department a mental hygienist, but no social workers for investigation and follow-up. We want the nurses to do this work themselves. We are looking forward to the time when our present staff may be increased with public health nurses who have had extra child guidance clinic experience, as undoubtedly our present case load prevents adequate supervision of all the cases referred to the mental hygienist. However, in the meantime, our public health nurses and the teachers in our schools are gaining a very effective and very practical education in the methods of mental hygiene. Our goal has not been the establishment of a clinic for the treatment of a few cases, but to build up a programme that will enable us to teach the principles of mental hygiene to a fairly large number of individuals who are in key positions. We want the whole staff of public health nurses and doctors to consider that they must be just as interested in mental hygiene as they are in communicable disease or nutrition.

This education is carried on chiefly through conferences on individual cases. For this purpose clinics are held throughout the area. The teachers in each of the schools are asked to discuss with their principals cases that show poor personality adjustment. The teacher is asked to prepare a short history, indicating the difficulties that the child shows in school. The nurse then contacts the child's parents and prepares a history describing something of the home and neighbourhood conditions. The child, with his parents, is then brought to the clinic. The parent is interviewed and the child is examined. At the end of the day a conference is held on each case and the factors entering into the situation are discussed by the mental hygienist, the principal, the teacher, the public health nurse, and the school doctor. Sometimes social workers of other agencies have been interested in the case and they are then asked to come to the conference. We would like the family doctor to come also.

This method of studying individual cases with teachers and nurses seems to be one of the best means of giving them first-hand familiarity with factors outside the classroom which may affect a child's general behaviour. During a seven months period 133 cases had been interviewed in this manner. In these conferences some of the problems which were presented and discussed were stealing, cruelty, begging, truancy, running away from home, fears, anxiety timidity, poor group adjustment, enuresis, speech problems, retardation in school. Over a period of one year the average number of case histories written and conferences attended by each nurse were four. By discussion in conference of these problems as they appear, it is realized that in different cases the fundamental principles are the same; that the behaviour tendencies are due either to some physical defect, some factor in the child's home or school environment (perhaps a broken home as was true in 33 of the 133 cases interviewed), a desire for recognition, or a need for security and affection.

Not every health department has a director of mental hygiene, or even a mental hygiene consultant. And there are the public health nurses in the one, two, or three-nurse districts. What can they do to promote the mental hygiene programme? This is not the place to discuss changes or additions in the basic training of the nurse, but certainly in

the course of her preparation she should have such teaching as would serve to give her a proper mental hygiene outlook on her problems. For the in-service-training programme of the nurse in the field the nurse herself can gain much from continued study and reading. Our periodicals have many helpfuf articles. In the larger centres staffs may organize study groups. But I have a strong suspicion that if we, as public health nurses, apply what we already know we could go far in making our mental hygiene programme more effective.

There is the story of the negro couple Sam and Mandy. Said Sam, "If you could be something you ain't, what would you be?" Mandy, after some thought, "I'd be a rose, what would you be?" "I'd be a centipede," replied Sam. "Why?" questioned Mandy. "So I could love you with all my arms at once." "Lord, you ain't putting the two arms you is got to much use!" Perhaps we could put the knowledge of mental hygiene which we have to more effective use.

In the Metropolitan Area in Vancouver in 1938 the public health nurses made over 12,300 visits to homes in which there were infants and pre-school children. In addition there were some 6,500 children who were brought, many quite frequently, to the centres for health supervision by the public health nurse and doctor. Every nurse in any area is continually contacting mothers and children in homes and in well-baby conferences. During these contacts every phase of the child's growth and development may be discussed with the mother. A mother's questions may begin with the amount the baby has gained in weight, leading on to a discussion of the amount of cod liver oil necessary. Perhaps the mother is having difficulty in giving cod liver oil, and she may add that she is worried about a thumb-sucking habit which has recently developed. Quite often the anxiety of the parent may be relieved simply by an opportunity to talk about the problems.

For example, there was Bobby, aged one year and nine months. His parents lived in a comfortable home in a very nice district. He was a normal infant with apparently normal growth and development. But he began to have temper tantrums, sometimes ten or fifteen every day. On discussion with the mother it was revealed that when Bobby was five months old, he was taken from the breast and put on the bottle simply because he refused to nurse one day. He cried a great deal, but was kept very rigidly to his feeding schedule. His mother felt that she must have obedience, and when ignoring and spanking failed to lessen the temper tantrums she became very worried. This mother first of all needed reassurance that most children exhibit temper tantrums at times. She needed a clearer conception of the meaning of obedience to a child, and a realization that Bobby needed a more convincing display of maternal love than he was receiving.

From the very moment of birth the child is continually having to make adjustments to the environment. How his problems in making these adjusments are handled is going to be of great importance to the child's future happiness and success. If the public health nurse is alert to her opportunity and has the necessary understanding of human behaviour she has here a chance—while discussing with the mother the changes and additions in feedings, the kind of clothes best suited to the baby — to help the mother see the child's point of view. To help her understand that there are individual differences in children, that

learning can only proceed with maturation, and that the behaviour reactions of one child will not necessarily be normal or right for another.

For so long we have been dogmatic with parents about habits of sleeping, resting, feeding and bathing, that we are finding it difficult to educate parents to the fact that general rules are general and do not necessarily apply to their specific children. Many problems have had their root in the effort of the mother to make her child fit into an age, height, and weight table, when all the facts indicate that the child, though in perfect health, will never attain the theoretic average which is regarded almost as a divine command. We have often failed to make it understood that hours of sleep, age of beginning to talk or walk, and numerous other problems of childhood are individual problems to be considered separately for each child.

The public health nurse can readily relieve worry and anxiety by interpreting children's needs, motives, and desires, their struggle for independence, for dominance, for recognition, for success and power. She can present in proper perspective many things which so frequently disturb parents, particularly when the main wrong-doing of children is merely that they are not like their parents. The ideas of parents about children and behaviour standards all too frequently determine whether the behaviour of any one child is regarded as primarily good or bad. (5)

The nurse who is informed about the normal development of the child can help the mother to understand that there are certain behaviours which will normally appear in the course of the child's growth. This has been called by Dr. Levy "anticipatory guidance". It is applying prevention rather than early detection or treatment of personality defects. By anticipating that there are certain phases of conduct which the child will pass through, the mother will be better able to adopt the right attitude towards the child's behaviour and to use desirable methods of dealing with it.

For example, we know that there may be a certain period in the life of the young child when his behaviour may appear negative. If the mother is aware of this beforehand and has been advised as to the method of handling what might be a problem, the period will pass by without undue disturbance. Again, we know that a small child is very apt to exhibit symptoms of jealousy on the arrival of a new baby in the household. If the mother knows why this might happen she can more easily avoid the appearance of such feelings. The nurse is aware that at sometime the child may refuse his food or show a lack of interest in food, and she can advise the mother just what attitude she should take when this behaviour is manifested. Thus "by discussing with mothers, these and other situations before they arise, by repeatedly stressing the general principles of behaviour more or less involved in these situations, by repeatedly helping mothers to acquire and to maintain desirable attitudes, emotional and physical, we believe that more desirable behaviour patterns will develop, that many conflicts will be avoided, and that wholesome and natural activity will be made possible." (4)

The public health nurse will not only be interested in the care and the needs of the child—she will also be aware of the needs of the mother. For example, in a case where it is very evident that the baby is not receiving enough affection, she may find in conversation that this was an unwanted baby — that

financially the parents were not ready for another child and that an effort had been made to terminate the pregnancy. While listening to her story a few discreet suggestions may help the mother to adopt a different attitude toward the baby and help her give it the love which is so necessary for the normal development of the child. By lending a sympathetic ear the mother will appreciate that the nurse is interested in her as a person and she will find, in being able to discuss her problems with someone who understands, that perhaps her difficulties are not as great as she had imagined them to be.

Dr. Richards once said to a group of public health nurses, "You girls don't sniff mental disease until it is in the cavity stage". Our duty is to not even let it reach the shadow stage.

I have already mentioned the mental hygiene program in school. Unfortunately many of the habit patterns have been formed before the child reaches school age, but all too frequently these personality defects persist and are often not understood by the teacher. It is not recognized that there is something back of the behaviour of Johnny, whom the teacher considers is just plain "bad"; nor is it recognized that the behaviour of Mary, who is shy and retiring and never is any trouble to the teacher, should be even more a cause for concern than Johnny's "bad" behaviour. Unless the cause which is at the root of these behaviour symptoms is discovered and guidance given in the handling of these cases, both to the teachers and to the parents, the damage may become irreparable.

One could continue at great length to discuss the mental hygiene aspect of prenatal care, which would include giving guidance in the preparation of the rest of the family for the new arrival. The mental hygiene of tuberculosis nursing is extremely important. The tuberculosis patient must literally make himself over both physically and mentally. There is almost always a financial problem, relationships with home and friends are changed. There is need of a great deal of reassurance to help the patient face reality and to speed recovery. In venereal disease nursing the public health nurse can do much to help the patient take a more wholesome attitude towards a situation which might have been viewed as something shameful, to be hidden and denied—instead of a health problem, to be faced squarely and acted upon constructively.

All this implies that the public health nurse herself must be a fine mature person, capable of handling her own life and of giving guidance in helping other individuals to find their best means of adjusting to their environment. If the guidance of the public health nurse is to be effective it must depend upon knowledge, understanding, sympathy, and interest. Mental hygiene must be an integral part of the nursing service, not a "foreign body". The public health nurse, and all public health workers, must put mental hygiene into everything they do.

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Waiting for a Call

BEATRICE ANDREWS

When the glory and thrill of graduation is over, the young nurse is set adrift without the guidance of her superintendent and supervisors, to earn a living in whatever branch of nursing she finds suitable. Due to lack of experience, she turns to private duty—that branch of nursing wherein the supply is greater than the demand, and too frequently finds that she barely meets her expenses. "S.O.S." upon "S.O.S." goes home to mother and dad. for more finances!

Having joined the throng of private duty nurses, she starts light house-keeping in a home, where, of course, the telephone is all important. She usually pays $12. to $14. per month for a bed-sitting room, which, for that rent, is quite satisfactorily furnished. Here she resides, while waiting for calls from the Nurses' Directory—or otherwise! Without a doubt, the telephone becomes the main issue in her life. And, when it rings, it will take her a long time to get over that feeling of a queer "something" crawling around in the pit of her stomach, finding its way to her throat, and holding her in a grip that makes swallowing something to be accomplished only with an audible sort of gulp. What private duty nurse hasn't experienced this sensation? Doubtless, it is due to the prospect of finding herself making new acquaintances, and wondering what impression she will create.

But the most annoying thing is that after getting all "het up" over the ringing of the telephone, she picks up the receiver, and all too often the reply runs something like this: "Helloa, helloa, dis is Korner Grocery! You order da tin of beans! But we have two kinds of beans on sale today—da stringa beans, and da green beans. Now, lady, you don't tell me vat kinda you vant!" She mutters feebly that it makes no difference—there are probably as many calories in one as in the other. Besides, she probably ordered pork and beans, anyway. So with a disgusted grunt, the receiver is loudly replaced and she wishes to heaven the telephone had never been invented.

Although this is only the beginning of her troubles, she takes it all in her stride and is able to smile with amusement at some of her telephone experiences. But, there are days that leave a bitter and discontented feeling in her breast. Wherever she goes, she tries to leave her telephone number, but occasionally it is impossible to do this. This is the very time when a call comes and her message with the landlady is forgotten, or twisted. Just why fate should play this trick has always been a problem, and it is no fun when she's down to her last pair of stockings. It is gloomy and discouraging, indeed, but she remembers repetition of an old mother terrier's advice to her pup: "Through all life's adversities, keep your tail up!" Her faith in the future is restored and she keeps on hoping that her philosophy will pay her rent, her hospitalization, and the premiums on her life insurance, without her having to call upon the family pocket-book.

Surely there is no private duty nurse, now enjoying a well-built-up practice, who has forgotten the trials and tribulations of those early days, when as a young graduate she was trying to be independent. And that telephone will persist in ringing when her hair is done up in Hollywood curlers, and she is busy

doing her weekly wash. She dashes out to answer, and nine times out of ten it is a call for duty. With a glow in her heart she runs back to her wash, to find with dismay that her best pair of white silk stockings is nestling comfortably among the snowy suds! But she gets around this by remembering that she has a pair tucked away for mending. The legs are flawless, but the feet aren't up to much, yet they'll have to do, and with a song in her heart she goes off to work.

Then there are those embarrassing occasions when she learns to think before she acts. Such a time is when she and her boy friend decide to have a snack in a nearby restaurant called "Duck Inn", and she immediately telephones her landlady to leave the number in the event of a call. While enjoying her refreshment, the telephone rings, and the waitress on answering shrieks "Duck Inn"! That is one time when the private duty nurse is thankful that the call isn't for her, for with a sudden rush of feeling, she realizes that no Nurses' Directory in Canada would expect or appreciate that situation.

As time passes, the nurse finds plenty of opportunity for her social life, such as swimming, dancing, and roller skating. An invitation to dinner is really a blessing in disguise, particularly when she does her own cooking, and hates it, and when she is somewhat in the toils of financial embarrassment. She finds time to do the innumerable little things that would be impossible if business were flourishing and the lending library, sponsored by the Manitoba Association of Registered Nurses, is open to obtain books to study. These little "brush-ups" will hold a lot she finds she has forgotten, and besides, she figures: "It's what you learn *after you know it all* that counts".

All in all, private duty, though it doesn't enable her to save, can be a fascinating experience. And when that long awaited time comes for more stable and satisfying work, the nurse decides that she would not have wished to deprive herself of those early months of private duty nursing. It really was a lot of fun.

Obituaries

Anna L. McLaurin Hopper, beloved wife of Mr. W. G. Hopper, died on August 23, 1940. Mrs. Hopper was a member of the Class of 1923 of the School of Nursing of the Vancouver General Hospital. Prior to her marriage, Mrs. Hopper rendered most valuable service as superintendent both in the Fernie Hospital and the Nanaimo General Hospital.

Isabella Thomas died recently at Smiths Falls, Ontario. Miss Thomas was the first graduate of the Brockville General Hospital school of nursing and was a member of the Class of 1893.

Edith Young (Mrs. H. V. Hoskins) died recently in Montreal. Mrs. Hoskins was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1935.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Correspondence

Miss Julia C. Stimson, President of the American Nurses' Association, has written the following letter to Miss Grace M. Fairley, President of the Canadian Nurses Association:

My dear Miss Fairley:

Quite recently a Nursing Council on National Defense was organized in the United States of America, and I know you will be interested in the statement which appears on the enclosed sheet which gives briefly the organization plan and functions of this Council.

In a few days a special Bulletin of our Nursing Information Bureau will be sent to you. This publication presents information on the general nursing situation and nursing needs as seen at the present time. We have already taken the preliminary steps for a national survey of registered nurses in all the states.

We shall be glad to keep you informed as our work progresses, and we are attaching an extra copy of this letter with enclosure, in case you wish to send this information to the Secretary of the Canadian Nurses Association.

May we assure you of our desire to cooperate with you in every possible way as our Governments make plans for defending our common interests.

With warmest personal regards, I am,

Cordially yours,

JULIA C. STIMSON,
President,
American Nurses Association.

Miss Fairley has written in reply:

Dear Miss Stimson:

I deeply appreciate your courtesy in forwarding the outline of your Nursing Council on National Defense, also the copy for the Secretary's file. The bulletin has just arrived, and I shall peruse it immediately. The functions as laid out are concise as well as sound.

I know that the members of the Canadian Nurses Association will be greatly heartened when they learn of your action, and on their behalf will you accept my thanks for your offer of the co-operation of the American Nurses Association.

I will be grateful to receive any further information from time to time. May I assure you of our cordial and reciprocal relationship which in these days is a great source of comfort. Like you, we are watching with interest and gratitude the action of our Governments.

With kindest regards,

Sincerely yours,

GRACE M. FAIRLEY,
President,
Canadian Nurses Association.

In Support of Nursing Education

During the year 1939-1940, the Executive Committee of the Canadian Nurses Association made certain specific recommendations to the following special commi tees: (1) Exchange of Nurses, (2) Florence Nightingale Memorial, and (3) Scholarship Award, relative to their functions and objectives for the duration of the war. Consideration by these Committees of recommendations received from the Executive resulted in a Joint Meeting being held in Calgary prior to the recent General Meeting. All Provinces except New Brunswick were represented at the Joint Meeting.

Later, at a general session, endorsation was given to the recommendations

received from the Joint Meeting which resulted in the adoption of several resolutions:

1. That the objective of the Exchange of Nurses Committee for the duration of the war is to be the encouragement of interprovincial exchange.
2. That the combined Committee, (Florence Nightingale Memorial, C.N.A., Committee, and the Scholarship Award Committee) be known as the Florence Nightingale Memorial Committee of the Canadian Nurses Association. The function of this Committee to be (a) the collection of funds for the Florence Nightingale International Foundation Endowment for the next two years; and (b) the collection of funds for, and allocation of scholarships, bursaries or loans, as may meet the need.

The personnel of each Committee—Exchange of Nurses and Florence Nightingale Memorial — includes representation from each provincial association of registered nurses, consequently as there needs to be unanimity in agreement of plans by which each Committee shall function in future, several months may elapse before either Committee is ready to make any announcement.

Emergency Nursing Services

Representative members of the provincial associations of registered nurses welcomed the opportunity of conferring together during the General Meeting of the Canadian Nurses Association in regard to plans for nursing service in relation to Air Raid Precautions, Civilian Protection and Home Defence.

First Aid: There was general agreement that the knowledge and experience of the average nurse in modern first-aid practice as related to emergencies in war time are definitely limited; therefore, the first step should be to provide for classes whereby these nurses may have additional instruction and practice in carrying out first-aid procedures. It was recommended that a core group of experienced nurse-teachers be trained in first-aid procedures in various centres of each province and these nurses in turn become responsible for teaching first-aid to other groups of nurses.

The Committee on Nursing Education was asked to outline the details of this scheme. Early in August, this Committee suggested to each Provincial Association that the First-Aid Manual of the St. John Ambulance Association be used as a guide in refresher courses in first aid. The Committee, explaining that it is optional whether or not an examination be given at the conclusion of the course, stressed that "the point of greatest importance is that an opportunity be provided for every nurse to actually practise the essential procedures so that she will be able intelligently to perform emergent services wherever accidents occur."

The Committee on Nursing Education also stressed that, in order that the scheme may be developed on a sound basis, well-qualified nurses be selected to give the instruction to the core groups. Nurses holding an instructor's certificate in first aid from the St. John Ambulance Association should be selected wherever possible. Specific information in regard to registered nurses securing the instructor's certificate and in teaching first-aid will be sent to the Provincial Associations of Registered Nurses through the Executive Committee of the Canadian Nurses Association at an early date.

Already the Association of Registered Nurses of the Province of Quebec has initiated preliminary plans for the promotion of refresher courses in first-aid. On September 6, the Board of Management appointed a committee to put

ASSISTANT EXECUTIVE SECRETARY

The Committee on Selection invites applications for the position of Assistant to the Executive Secretary of the Canadian Nurses Association.

It is essential that those applying be women with sound professional training and broad experience, capable of assuming responsibility for the development of educational programs and various phases of organization work.

Applications should be submitted to the undersigned not later than October 15, 1940, stating full particulars of undergraduate training, graduate experience, and study.

Convener of Selection Committee
CANADIAN NURSES ASSOCIATION
1411 Crescent Street, Montreal, P. Q.

into effect the recommendations as received from the Canadian Nurses Association. Three members of the committee, all experienced teachers, have been released temporarily from their present positions in order to give full-time to the promotion of the refresher courses. While serving in the latter capacity, these nurses will receive remuneration equal to their present salaries, from the Association of Registered Nurses of the Province of Quebec.

Air Raid Precautions: The Department of Pensions and National Health has supplied the Canadian Nurses Association with information in regard to the organisation and teaching of "A. R.P." work in Canada This organization is an attempt to prevent casualties amongst the civilian population, the result of any form of enemy action, that is, sabotage, bombardment, or attack by air, and to care for civilian casualties if they should occur. All the training and work is carried out on a voluntary basis.

The Federal Government has set up, in the Department of Pensions and National Health, a Committee with an officer of the Department designated in charge. In each Province where there are areas designated by the Department of National Defence as possibly vulnerable to enemy attack, there is established a provincial advisory committee under the personal direction of the Premier of the Province, and in addition there is designated in each province one officer in charge of the work. Under this Provincial Committee there are then organized local or municipal committees in each area designated.

That portion of the organization which deals with civilian casualties in each locality is briefly as follows:

There are first-aid parties composed entirely of men trained by the St. John Ambulance Association in first aid and also in "A.R.P." work. These first-aid parties centre on a first-aid post. This first-aid post is in charge of a doctor or doctors with the assistance of the required number of registered nurses and voluntary assistants, male and female, trained in first-aid and home nursing under St. John Ambulance Association. The equipment for such a first-aid post is provided by the Federal Government and is sufficient to permit of all first-aid work that would be necessary. The doctor in

charge is responsible for the organization of his first-aid post and for any special training which may be required for the personnel. In addition to first-aid posts, it may be necessary to establish a small number of casualty clearing stations generally in the out-patient or admission department of the local hospital and manned practically entirely by the doctors and registered nurses.

This information emphasizes the immediate need for experienced nurse-teachers to prepare themselves for the giving of instruction in first-aid to other groups of nurses so that in every locality throughout Canada well-qualified nurses will be available for service in any emergency as well as to teach groups of workers who wish to volunteer their services for "A.R.P." work.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Manitoba:	
Manitoba Association of Registered Nurses	$100.00
A.A., Winnipeg General Hospital, Winnipeg	25.00
Donations from Nurses at large	52.00
Ontario:	
A.A. Kingston General Hospital, Kingston	5.00

Developing Hidden Skills

GERALDINE E. HOMFRAY

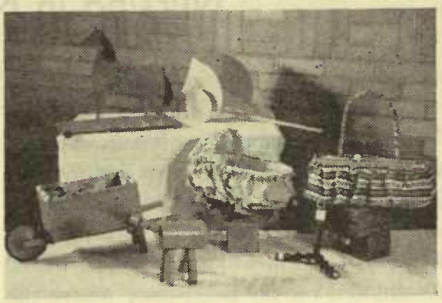
This year, at the University of British Columbia, an interesting experiment was carried out by the Public Health Nursing students. Acting upon the commonly made statement and well-known fact that the pre-school group is often neglected by public health workers, the students set about to provide possible means of remedying this situation. As a first approach to the problem, the student workers endeavoured to increase their own knowledge regarding the care of these little folk. From reading assignments and observations, they assembled and accepted the following principle: that the greatest proportion of pre-school life, other than the hours spent in sleep, is invested in play periods; and since it is acknowledged that play is a form of education, the students then rightly assumed that play, as the foundation stone in education, should be regarded as a very precious investment.

Play is not a luxury, but a necessity. It is the serious business of a child's life —indeed for the young child it is life itself. All children have an urge for activity, and should be provided with suitable play material which will give pleasure and satisfaction, stimulate development, and be safe to use. The active

child is a learning child, and, given proper material, will learn many lessons about the properties of things and at the same time learn how to use both the large and small muscles. Besides, play is an outlet for the child's vivid imagination, and a means of satisfying his creative ability. Since play is a necessity in every child's life, the students came to the logical conclusion that it is just as essential to be familiar with this phase of child care, in order to teach parents regarding suitable play equipment and the valuable uses of the play period, as it is fitting to be adept in dispensing information regarding nutrition or in campaigning against communicable disease.

In order to make this newly assembled knowledge a part of them, each student set about to create, from home oddments, educational toys designed especially for the pre-school child. While they worked, they discovered that often the play equipment of greatest value and interest to the child is the simplest and least expensive, and that with a little initiative, and at practically no cost, valuable toys can be made in any ordinary home.

In the first illustration, one of the students demonstrates that a usable little hand cart can be constructed from a few rudimentary building essentials, —wood from an orange crate, a few nails, a bit of paint, a good measure of imagination coupled with practical application. The second picture shows a grouping of toys, all made by the students. One will note from this second snapshot that the handsome wheelbarrow grew out of an ordinary mandarin orange box; that "Reckitt's Blue" boxes, chalk boxes, cigar boxes, odd ends of lumber, gayly coloured with paint, have been converted into excellent building blocks. Grape baskets have a marvellous way of turning into doll cradles and



bureaus, and a cereal carton sprang to life as a weird-looking animal when empty thread spools were attached to form head, neck and legs.

All these toys, other than for the time and effort expended, have cost nothing or at most a few cents, for they have been made from odds and ends found in the average home. However their value cannot be counted in monetary fractions for they will afford the young child hours of happiness besides providing the builder with an immense amount of interest and fun.

The question has been raised, "how did the students learn to do such skilful carpenter work?" In answer to that, one simply comes to the point—they didn't learn in the sense of being taught. There are three words that may cover their skill, namely, imagination, ingenuity and application. With these characteristics as foundation stones, their adept fingers moulded playthings from waste materials. Their workmanship unfolded with intelligent thought. Thus, through this experiment, the students not only increased their horizons of knowledge, they released an amazing amount of ingenuity and tapped hidden skills in handicraft, surprising themselves with the outcome of their efforts. But most important of all, they became imbued with enthusiasm, an enthusiasm that may lead them to make further contributions to the betterment of our preschool age group.

Nursing in Newfoundland

C. A. S. Abernethy

Cottage Hospitals in Newfoundland are usually built and controlled by the Department of Public Health, and locally supervised by a branch of the Board of Health. For the most part they are situated on the coast-line, where the bulk of Newfoundland's population are settled, and serve a varying number of settlements. There are instances of the hospital being built by local enterprise entirely, and the Department of Public Health then had only to shoulder the burden of staff, equipment, and running expenses.

The ground-floor of the building consists of two eight-bed wards. Four children's cots and a private side-ward are also provided. There is a modern operating theatre, with adjoining service units. At one side of the main entrance are the doctors' offices, with a well-stocked dispensary and adjoining waiting-room. The "iron lung" is to be seen in every Cottage Hospital, the gift of Lord Nuffield, but X-ray apparatus has not yet made its appearance. Comfortable staff quarters are situated on the second floor. The furnace room, a well equipped laundry, and a refrigeration unit are conveniently situated in the basement.

The staff includes a doctor and two registered nurses, one of whom is Sister-in-Charge, and the other her assistant. Two ward-aids are employed and the domestic staff includes a cook, a maid, a janitor, and a bi-weekly wash-woman. The sister-in-charge attends the dispensary, takes maternity work, including the daily care of mother and baby, plans the menus and helps in the wards where required. The assistant has charge of all dressings, operating theatre supplies, and helps wherever required. The ward-aids become very proficient in attending the patients. Unlike student nurses, they do not require to move on, and continue a longer period with a familiar routine.

During operations, the doctor is the surgeon, the theatre nurse his assistant and the Sister is anaesthetist. Major operations of the gravest nature are performed by the Cottage Hospital doctors, and great credit is due them in their isolated work, for they have very few occasions in which to consult a colleague. The variety of surgical work is considerable, and as many as five major operations may be tackled in one day. The work calls for the greatest co-operation from every member of the hospital staff, and here let me mention that man of parts, the janitor, without whose help we could not get along so well. He bathes and shaves male patients and does all kinds of odd jobs for each department, but it is during operating hours that we really appreciate him. He brings patients to the operating room, dons a white coat and helps while the anaesthetic is being given. He runs the cautery, the suction apparatus in tonsillectomy, and can find unexpectedly required surgical instruments, drainage tubes, or sterilized bundles.

While operations are in progress, the ward-aids are in charge of the wards and have on many occasions to do skilled work. The nurse-anaesthetist and the nurse-assistant observe from close quarters every step taken by the surgeon, and learn more of the actual surgery in one month in a Cottage Hospital than in twelve months in any large general hospital, where the surgeon has

two or three associates assisting him, and the nurses rarely get an intimate view of the proceedings.

Group operation upon school children is being consistently performed, as many as ten being done each day in some hospitals. The groups number from twelve to forty at a time, chiefly for the surgical treatment of tonsils and adenoids.

The dispensary looms large in the daily work of every cottage hospital, and while the doctor has set hours, the nurses attend the dispensary night and day. The sister-in-charge dispenses prescriptions for the doctor while he examines patients and records all particulars in ledgers, with index file numbers for future reference. Dental work is included and when the doctor is absent, the nurses do all extractions, with discrimination. When the case calls for general anaesthetic, the nurse advises the patient to enter the hospital.

Married doctors have a separate residence near the hospital, with a telephone direct; single doctors have living quarters in the building. It is difficult to imagine a hospital without a telephone but I have sampled one. Our local telegraph office was our means of communication, and when the Hospital ship arrived in the harbour with a patient, the siren gave a special rendering of a sound-alarm.

Many hospitals have to plan operations, admissions, and discharges in accord with the coastal steamer schedules. While some hospitals have a choice of three steamers calling, with mail and patients, it is expedient that cases sufficiently recovered be allowed to go home, rather than keep them for a further two or three weeks in out-ports receiving only one steamer's call. All this depends largely on the weather; most transportation is by water, and only short distances can be done in motor boats, especially in winter or stormy weather.

On the south coast an equipped hospital ship, with a doctor and nurse aboard, patrols a large section of the coast, answering calls from isolated district nurses and settlements not served by a nurse. At times this ship takes patients to the nearest cottage hospital. This is a wonderful relief to the nurses stationed on the south coast, and district nurses less happily placed sometimes wish the hospital ship could come when they call for much needed help. I have known the hospital ship to call in the harbour at the same hour as the steamer and, between them, bring seven patients for immediate operation. For these cases, we have emergency folding cots to which we transfer convalescent patients and give the more serious cases a ward bed right away.

Stores and dispensary supplies arrive once a month from St. John's but in case of any delay a fairly large stock is usually maintained. Mail day is always a great occasion and, when operations are in progress, the arrival of the janitor with stacks of letters, papers, and parcels, being "scrubbed-up" entails tortures of suspense.

All branches of public health work are embraced in hospital administration. The people, in the main, are poor and fees are paid annually in cash or kind, the circumstances of a family determining the latter. Most districts have a conjoint hospital and district nursing scheme. The fees average five dollars per family per year, free hospitalisation and the services of the local nurse. The permanently poor are treated free of charge. Fees paid in kind include live sheep, goats, geese and chickens; beef or other meat; potatoes and vegetables; wood is also accepted for fuel. The charges for dental extractions are 25

cents for the first tooth and five cents for each tooth after at that sitting. All medicines are paid for and accounts are squared up monthly.

The hours are long and uncertain in the Cottage Hospitals, but the work is definitely worth-while. The recovery of the patients, and their gratefulness amply repay the absence of regular off-duty time. In fact one gets so wrapt up in the running of the Hospital, in caring for each inmate and contributing to the general welfare of the hospital personnel, that happiness gilds each passing hour, and we all know that happiness is the greatest benefactor of all.

BOOK REVIEWS

A SUPPLEMENT TO A PROPOSED CURRICULUM FOR SCHOOL OF NURSING IN CANADA, prepared by the National Committee on Education of the Canadian Nurses Association. Published by the Canadian Nurses Association, 1411 Crescent Street, Montreal, Quebec. 1940. Price, 75 cents.

By using this supplement, the nurses of Canada will find a valuable tool to assist them in any field of nursing activity. The intrinsic appeal of this guide seems to be the result of two unique contributions. Into it has been woven the sifted experiences of the nurses and educators of this, and other generations. They present a magnetic challenge. The cause of this magnetism is perhaps the result of the weaver, our convener of the National Committee on Education, Miss Marion Lindeburgh. Giving much of herself, she has interpreted the various threads and patterns of procedure, in such a way, that the warp and woof of nursing education are united in a pattern — beautiful, scientific, and infinitely worthwhile. This material, so generously presented, the nurses of Canada must take and see what durable, democratic garments they can manufacture. As there is no terminus in nursing education, these garments must provide for growth—growth developed under expert leadership.

The book is divided into two parts. The first gives us the essential principles for evaluating an educational program, the second part, the application of these principles in the clinical field. These principles are indeed a challenge to nursing and to nurses. The underlying philosophy and planning of such a program is set forth in a way that just makes one want to share the responsibility of applying its principles. Indeed, wherever we find two or three nurses practising their profession, no matter in what field, such a program is needed, and should be organized. Part Two shows the educational resources of our clinical services, and how to organize an educational clinical program in these fields. The chapter dealing with ward teaching is particularly helpful from the point of view of both the student and of the teacher. If conscientiously applied, our nursing care of patients will be immeasurably improved. The importance of relationships is stressed, and detailed guidance is given in special methods of clinical teaching, such as the conference, the clinic, and the morning circle.

Section Seven, "Evaluating the student and her work", should improve the quality of our nursing service if we apply its suggested principles and techniques. Here we are given a simple but educationally sound ward report which could well serve as a basis for future experiments both in student and graduate fields of nursing. The last two sections present the underlying principles that must be practised by supervisors themselves if they wish nursing to

come into her own. It shows what we mean when we say — supervision is democratic, is scientific, is artistic. It shows that in all our programs we must appreciate nursing from broad community health aspects.

Without the sincere application of these final sections no program, can be introduced, maintained, or developed. Their application will demand persistent determination and democratic understanding in the part of all who play their part in the nursing drama. Otherwise, the goal of better service to our public through the growth of the professional worker will never be reached.

ALISON REID, R.N., B.A.Sc.,
Instructor of principles and practice of nursing, School of Nursing, Vancouver General Hospital.

Ontario Public Health Nursing Service

Miss Evelyn Beech, a graduate of the school of nursing of the Toronto Western Hospital, and of the school of nursing of the University of Toronto public health nursing course, has joined the staff of York Township Board of Health.

Miss M. Jennetta Gillespie, a graduate of the school of nursing of the Hospital for Sick Children, Toronto, and of the school of nursing of the University of Toronto public health nursing course, has accepted the position of public health nurse at Thorold, where a generalized program will be developed. For a number of years a school health service, which included the village and two township schools, was maintained.

Miss Alpha E. Marchand, a graduate of the school of nursing of St. Michael's Hospital, Toronto, and of the school of nursing of the University of Toronto public health nursing course, has resigned her position as public health nurse with the Penetanguishene Board of Health to be married.

Miss Jenny B. Berry, a graduate of the school of nursing of the Kingston General Hospital, and of the school of nursing of the University of Western Ontario public health nursing course, and *Miss Beatrice E. Roberts,* a graduate of the school of nursing of Wellesley Hospital, Toronto, and of the school of nursing of the University of Toronto public health nursing course, have been appointed to the staff of the Port Arthur Board of Health.

Miss Esther McDonald, a graduate of the school of nursing of the Port Arthur General Hospital, and of the school of nursing of the University of Toronto public health nursing course, has resigned the position which she held with the Port Arthur Board of Health to be married.

Miss Geraldine Conley, a graduate of the school of nursing of the Hospital for Sick Children, Toronto, and of the school of nursing of the University of Toronto public health nursing course, has resigned from the public health nursing staff, Oshawa, to accept a position with the Peterborough Board of Health.

Miss Mary Isabelle Tyndall, a graduate of the school of nursing of the Toronto General Hospital, and of the school of nursing of the University of Toronto public health nursing course, has joined the Oshawa staff.

Miss Margaret E. MacDonell, A.T.C.M., a graduate of the school of nursing of St. Michael's Hospital, Toronto, and of the school of nursing of the University of Toronto public health nursing course, has been appointed to the staff of the Peterborough Board of Health.

Miss Zeta R. Kearney, a graduate of the school of nursing of the Victoria Hospital, London, and of the school of nursing of the University of Western Ontario public health nursing course, and *Mrs. O'Toole* (née Gainey), a graduate of the school of nursing of the Hospital for Sick Children, Toronto, have resigned from the staff of the Peterborough Board of Health.

Miss Alma Hourd, a graduate of the school of nursing of the Harper Hospital, Detroit, and of the school of nursing of the University of Western Ontario public health nursing course, has resigned from the public health nursing staff of the Board of Education, London. *Miss Jean Axford,* B.Sc., a graduate of the school of nursing of the Royal Victoria Hospital, Montreal, and of the school of nursing of the University of Western Ontario, has succeeded Miss Hourd.

Miss Jean Aikenhead, a graduate of the school of nursing of the Victoria Hospital, London, and of the school of nursing of the University of Western Ontario public health nursing course, has resigned her position as public health nurse at Haileybury to be married.

OVERSEAS NURSING SISTERS ASSOCIATION

Following the established custom that the officers of the Overseas Nursing Sisters Association of Canada shall be elected from within the district in which the next general meeting of the Association will be held, the following were recently elected to serve during the biennium period 1940-42: The Honourary Presidents for life are: Miss Margaret C. MacDonald, R.R.C., L.L.D., Matron-in-Chief (retired); Miss Edith C. Rayside, C.B.E., R.R.C., M.A.Sc., R.N., Matron-in-Chief in Canada (retired); Mrs. G. Stuart Ramsay, R.N., First President and organizer of the Overseas Nursing Sisters Association. The new President is Miss Fanny Munroe, R.R.C., R.N., Director of Nursing, Royal Victoria Hospital, Montreal; the first vice-president is Miss C. M. Watling, A.R.R.C., R.N., Home Sister, School of Nursing, Montreal General Hospital; the second vice-president is Mrs. H. Aline Paice, A.R.R.C., R.N., Director, Social Service Department, Royal Victoria Hospital, Montreal; the third vice-president is Miss Blanche Anderson, R.N., Assistant Director of Nursing, Ottawa Civic Hospital, Ottawa. The Secretary-Treasurer is Miss E. Frances Upton, A.R.R.C., R.N., Executive Secretary and Registrar, Association of Registered Nurses of the Province of Quebec, 1019 Medical Arts Bldg., Montreal. The representatives from the Montreal Unit of the O.N.S.A. are Mrs. C. E. Bissalion, 753 Bienville Street, Apt. 5, Montreal; Miss Margaret L. Moag, Superintendent, Greater Montreal District, Victorian Order of Nurses.

In subsequent issues of the *Journal,* articles dealing with the organization, purpose, and activities of the Association will appear from time to time.

E. Frances Upton,
Secretary-Treasurer,
Overseas Nursing Sisters Association of Canada.

Ottawa Unit: The Ottawa Unit of the *Overseas Nursing Sisters Association* cently entertained at tea in honour of Miss Elizabeth Smellie, C.B.E., R.R,C,, the newly appointed appointed Matron-in-Chief in Canada of the nursing service of the R.C.A.M.C. When presenting flowers to the guest of honour the president, Mrs. MacDermott, expressed the pleasure and satisfaction of the members. Miss Smellie's extensive knowledge of nurses and nursing in Canada fit her admirably for her important task.

Health on the Air

C. E. Mary Rowles

When giving lectures in Health Education to preliminary students I always mention that the education of the public is carried out in various ways. I used to go on from there to talk about radio speakers, and movies with a good deal of interest, but without any actual experience. From now on I shall speak from the heart, as I have recently been chairman of a publicity committee in connection with a Community Health Week.

You will probably ask what a respectable instructor was doing in the public health field—and the answer is that I still don't know why I was there, but it was a lot of fun. At Lennoxville, Quebec, which is about three miles from Sherbrooke, we have a Rural Adult Education Service, sponsored by the McGill University Adult Education Department, and under the capable direction of Mr. R. Alex Sim. This service has become very popular in the Eastern Townships and I first heard of it about six months after its inception, when a probationer told me of having attended the meetings. Then, through the Business and Professional Women's Club, I was invited to speak on one of their series of broadcasts, entitled "The Adult School of the Air". This brought me a little nearer, and after I had attended the School for Leaders sponsored by this service, I felt as though I really belonged.

Early this year, Mr. Sim consulted Miss Edna Osborne, of the Victorian Order of Nurses in Sherbrooke, about some kind of project which would bring health before the public in an entertaining manner. Miss Osborne asked me if I would be interested and of course I was. We three had a meeting and decided that at least two days should be devoted to the discussion of health, and that the subjects should be limited to three that seemed to be of paramount importance: tuberculosis, immunization, and nutrition.

In a very informal way Miss Osborne was "elected" chairman of the program committee and I of the publicity. The election was something like this: "Well, I'll take the publicity, if you will take the program". Having made ourselves chairmen of non-existent committees, Miss Osborne and I proceeded to find members, and about a week later the first real meeting was held. Rough plans of our future campaign were presented, and it was decided that the week of May 12 should be celebrated as Community Health Week. During this week, which appropriately enough commenced with Hospital Day, and was also marked by the graduation exercises of our School of Nursing, as many health activities as possible would be demonstrated.

The first item on the publicity program was the composition of a circular which was sent to all organizations we thought might be interested in a Health Week. The response was very encouraging and a large number replied saying that they would take part. Each organization was then supplied with a second circular, which indicated the publicity items to be watched for, and asked that each group name representatives to attend meetings connected with the arrangements. In the meantime, Mr. Sim was collecting lists of movies and speakers, and the organizations were later supplied with these. Arrangements were made with the Granada Theatre to show a health movie; this was done en-

tirely without charge through the kindness of the management. The film, entitled "A New Day", was supplied by the Metropolitan Life Insurance Company. The editor of "The Sherbrooke Record" told us that anything that was "news" was acceptable, and that reports of meetings and proposed programs would be welcome.

The radio publicity really deserves a paragraph of its own. The "Adult School of the Air" program had been given every Tuesday afternoon; starting on April 2, this time was devoted to the publicity campaign. On successive Tuesdays, the objectives of Health Week were described and introductory lectures were given on the three main topics by speakers specially qualified to deal with them.

I wonder if there is anything in the world like sitting in front of an expressionless microphone, trying to arrange papers with hands that are clammy and all but cyanosed? The wicked little red light goes on, the announcer speaks, and then you suddenly hear a voice — it sounds familiar, and you realize that it is your own, and that broadcasting is not so bad after all. My greatest difficulty was trying to speak slowly—a hard task at any time. I now know exactly how much it takes to fill fifteen minutes, how near one must be to the "mike", and what sounds well. The only drawback is that you cannot sit by a receiving set and hear yourself.

Mr. Sim could not be present at the third broadcast and suggested that I should do the announcing. It is one thing for somebody else to make the first announcement while you are calming down, but to hear the station announcer say: "Ladies and gentlemen, Miss Mary Rowles," to see him switch the light on to show you are on the air, and then to be obliged to quaver "The Rural Adult Education Service presents the School of the Air", is an entirely different kettle of fish. I now think that the worst part is watching the clock, afraid that somebody has a paragraph too much, or that we are going to finish two minutes before our time is up. The only way to test the time is to read the script out loud. I know my students would have feared the worst had they passed my door around midnight on some occasions and heard me muttering to myself for no apparent reason.

On May 12, the manager of the local station kindly gave us fifteen minutes free of charge, so we presented the first Hospital Day broadcast ever heard in Sherbrooke. Miss Catherine Vaughan, a recent graduate, gave a short Florence Nightingale oration, followed by a charming little poem of her own composition. Miss Verna Beane, our superintendent of nurses, told something of the history and work of the Sherbrooke Hospital, referring particularly to the school of nursing. The program concluded with the recitation of the Florence Nightingale Pledge, by Miss Donna Draper, a member of the graduating class. Everybody who heard the program was delighted with it, and we hope that it will become an annual event.

Considerable publicity was given to Health Week and Hospital Day in the churches—both Catholic and Protestant. The clergy certainly gave us their wholehearted support. Some splendid posters were prepared for us by the art class at the Sherbrooke High School, and these were distributed to various merchants who were asked to display them in their windows and also to include appropriate exhibits. In a bookstore window a poster would be surrounded by various books on health; in a druggist's, a number of vitamin preparations would be shown beside an appropriate poster. In the public library, a large chart showed the means by which tuberculosis

is spread. In the lobby of the Granada Theatre was a large poster—exceedingly professional—calling attention to Health Week, and presented with the compliments of Abbott Laboratories, who were also the donors of samples for distribution at meetings. We even had a free tag-day and how hard it was to make the men believe that the tags were really being given away!

During Health Week itself, a large number of meetings were arranged by Miss Osborne's committee. At one mass meeting Dr. Frank Pedley of McGill University was the speaker. Other meetings on a smaller scale were conducted by various organizations, most of these including a speaker and a suitable movie. The Catholic Women's League had as speaker Dr. Simon Marcus, our tuberculosis specialist. The Rotary Club heard Dr. Wherrit, president of the Canadian Tuberculosis Association. The Business and Professional Women's Club enjoyed a talk on nutrition by Miss Swanson, dietitian at the Sherbrooke Hospital. Everybody who could speak on health was roped in to do so—I spoke to the English students at the Convent of Mont Notre-Dame on nursing, and to a Women's Institute in the country on first aid.

As yet we have been unable to estimate the results of our efforts, but we do feel that a great deal of interest has been aroused, and that many organizations which formerly paid little attention to health will now incorporate it as a part of their programme, and be ready to sponsor a Health Week next year. If that is true I think we can say that our Health Week was a success.

The R.N.A.B.C. and the Journal

The Provincial Associations of Registered Nurses are certainly giving loyal support to the *Journal*, and are finding many new ways in which its usefulness may be increased. The Registered Nurses Association of British Columbia recently worked out a plan which benefits all concerned and which might be adopted to great advantage in other provinces. Here are its main features: a special committee, appointed by the Association and convened by Miss Kathleen Sanderson, prepared a list of nurses working in outlying districts and therefore not closely in touch with nursing affairs. From this list, one hundred nurses were selected by the committee and, as a gift, the Association subscribed on their behalf.

In the letter telling them of their good fortune, Miss Margaret Duffield, president of the Provincial Association, suggested that the nurses in the community should meet from time to time to exchange ideas and to discuss articles which are of educational value. She also expressed the hope that when the gift subscription expired, the nurses would themselves continue to subscribe. The R.N.A.B.C. is contemplating the formation of Regional Districts, and Miss Duffield is sure that the Journal can help to keep them in touch with one another and with the Association as a

whole. This is one of the most important functions of this journal, and the editor is most grateful to the R.N.A.B.C. and to Miss Duffield for this expression of confidence.

In her report at the biennial meeting of the Canadian Nurses Association, the editor mentioned the possibility that the R.N.A.B.C. might make this friendly and generous gesture, but added that she "never counted the chickens before they were hatched". Later in the session, Miss Duffield rebuked the editor for this want of faith by asserting that "British Columbia never yet laid an egg that wouldn't hatch". And so indeed it seems. The whole "clutch" is now scratching vigorously for a living!

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers and resignations from the Victorian Order of Nurses for Canada:

Miss Phyllis Boden has been appointed to the staff of the Burnaby Branch, *Miss Helen Rush* has been appointed to the staff of the Galt Branch. *Miss Ethel Croft* has been transferred from the Kitchener staff to the Brockville Branch as nurse-in-charge.

Miss Orella Whalley has been appointed to the Hamilton staff. *Miss Vera A. Bruegeman* has been appointed to the Kitchener staff. *Miss Dorothy McLeod* has been appointed to the St. Catharines staff. *Miss May Deane-Freeman* has been transferred as nurse-in-charge of the Edmonton Branch to take charge of the branch in Calgary.

Miss Dorothy Campbell has resigned from the St. Catharines Branch. Miss Campbell has been granted leave of absence from the Order to attend the public health nursing course at the School for Graduate Nurses, McGill University.

Miss Mary Murray has resigned from the Hamilton Branch to accept a position with the City Department of Health in Hamilton. *Miss Catharine Lemon* has resigned from the Brockville Branch to be married. *Miss Norma Cameron* has resigned from the Winnipeg Branch to be married.

Miss Eileen Rose Bretzlaff has resigned from the staff of the Galt Branch. Miss Bretzlaff has been granted leave of absence from the Order to attend the public health nursing course at the School for Graduate Nurses, McGill University.

Miss Elizabeth Bibby has resigned from the Calgary Branch to enlist in the Army Nursing Corps and has been assigned to duty in No. 4 Canadian Casualty Clearing Station.

Miss Lena Riddell has resigned from the staff of the Woodstock Branch, Ontario, and is on leave of absence from the Order to attend the public health nursing course at the School of Nursing, University of Western Ontario.

Miss Bertha Hamilton has resigned from the Ottawa Branch to be married.

REFRESHER COURSE

A refresher course for graduate nurses who are interested in the teaching of home nursing will be given at the School of Nursing, University of Toronto, on October 16 to 19.

The content is as follows: Lectures on the psychology of learning; the principles of teaching; emergency nursing, including air-raid work; and recent developments in medicine.

A series of demonstration classes will be taught, the topics for these being selected from the Red Cross Manual. No credits will be given for this work, nor will any certificate be awarded. The fee will be $5.00.

STUDENT NURSES PAGE

A Week with the Hospital Health Service

ISABEL CALHOUN *and* DORIS PAYNE

Student Nurses
School of Nursing, St. Joseph's Hospital, Toronto

We are in our Junior year and once having obtained our caps we formed a club to present interesting current information. We were to meet every two weeks thus keeping our class together and fostering class spirit. We must also admit that we enjoyed the extra recreation entailed. At these meetings the Student's Page of *The Canadian Nurse* was often presented, with the result that we became acquainted with many students across Canada. We listened and rejoiced in the christening of "Bonnie Western", lived again the moment of receiving our caps with the St. Martha students, and recalled many awkward bewildering moments of our preliminary term with the Ottawa students. So we wondered if we might make a contribution to admit us to this magic inner circle. We looked our treasures over carefully and because they appeared so familiar to us, we did not think that they would appeal to you, until we said—"Have *they* enjoyed a week with the Hospital Health Service nurse?"

In Toronto, attached to the out-patients department of most of the large hospitals, there is a department known as Hospital Health Service. Here will be found a public health nurse employed by the City Health Department who is at the service of the patients within the hospital and those who are treated through the out-patients department. Hospital Health Service is a recent but a very necessary addition to our Hospital and serves as the connecting link between the hospital and the home. It was here during our week that we became very conscious of the patient as an individual and also more aware of his home environment.

Our week was divided so that we spent some time in the admitting office; the various clinics, especially prenatal, post-natal, diabetic and tuberculosis; a half day of visiting on the wards with the Hospital Health Service nurse, and an afternoon of visiting in the patients' homes with one of the field nurses of the Health Department. During our time in the admitting office, we came in contact with the individual before he became a patient, and occasionally were fortunate enough to take him from the clinic to the admitting office and thence to the ward. Through this experience we saw how very important our first contact with the patient could be, as we watched and listened to tactful questions, and at first, guarded answers, which finally gave

way to complete confidence. We realized anew that we really were fulfilling the role of hostess to these guests in this large house of ours. In the clinics, we noted the check-up on every attending patient, the careful examination given every new patient and the records of these visits made and filed for reference. The thing which struck us most forcibly was the health teaching accomplished when problem cases were referred by the doctor to the Hospital Health Service nurse. This was really a review for us and we feel that we will have greater confidence in our own health-teaching now that we have seen experts at work. We noted how willing the Hospital Health Service nurse was to discuss economic and social difficulties with the patient and how helpful this was to both the doctor and the patient. This was again made more vivid by our visit to the wards with the Hospital Health Service nurse here. We saw many problems which were a source of worry and anxiety to the patients solved; heard arrangements made for dressings to be done at home; for syringes and needles for the diabetic patients; for transportation to Sanatoria; for a much needed brace or appliance.

We shall always remember Mr. P—, an elderly gentleman, who while on a visit from a neighboring town ran short of funds and was arrested for vagrancy. While in jail, he became ill and was admitted to our Hospital. At the time of our visit, Mr. P— was ready to be discharged, his jail term had expired while he was in hospital, but he had no friends here and no money to return to his own town. He told us that he was planning to hitch-hike home as he was sure that he could obtain work there. This problem was referred to the Hospital Health Service nurse by the nurse-in-charge, and as a result of her visit arrangements were made for Mr.P— to be transferred to the Men's Hostel while his friends were located in his own town. We left him happy and appreciative of these arrangements.

Our visit in the district with the public health nurse was a fitting climax to our very interesting and educational week. We saw school children examined and visited many homes. Here we saw nursing carried on, just a little different from that to which we were accustomed. We were greatly interested in a visit to a pre-natal patient whom we had seen examined at our clinic two days previously. We could appreciate, therefore, the importance of continuing the health-teaching which was begun by the Hospital Health Service nurse in the obstetrical clinic. Again, we noted that the nurse was ever on the alert to present sound ideas of health-teaching, as the patient and nurse discussed her diet.

This week with the Hospital Health Service nurse is one that is keenly anticipated by the Junior Class. As the result of our week, we feel that we are more "health-teaching conscious". We realize now that social problems, worries and anxieties will retard the physical progress of the patient and that we must report these. We have a clearer picture of the home conditions of many of our patients. From our observation of the many personalities and temperaments passing through the clinics, we feel that we have a deeper insight into human nature. We are sure that we have gained in sympathy and understanding from this experience and wish that you, too, may enjoy a week with the Hospital Health Service nurse.

NEWS NOTES

BRITISH COLUMBIA

Vancouver:

A refresher course on supervision in nursing, sponsored by the Registered Nurses Association of British Columbia, and convened by Miss A. S. Cavers of the teaching staff of the Vancouver General Hospital, was held in Vancouver during the week of July 29 to August 3, and in Victoria from August 5 to 10.

Miss Marion Lindeburgh, M. A., Director of the School for Graduate Nurses, McGill University, and convener of the National Committee on Education, was director and lecturer. A study guide, following the lectures, was compiled by Miss Lindeburgh, and was available to all who registered. Miss Lyle Creelman, M.A., R.N., of the Metropolitan Health Committee, and Miss Alison Reid, B.A.Sc., R.N., of the teaching staff of the Vancouver General Hospital, were demonstration organizers. Nursing clinics, prenatal clinics, child welfare clinics, nursing procedure in hospital and home, home visits, and general application of continuous staff education were demonstrated. The attendance was gratifying—194 having registered in Vancouver, and 76 in Victoria. A core committee, representing general nursing, public health, and school of nursing, was appointed at the closing session to formulate plans to organize study groups throughout British Columbia. Miss Lindeburgh, by her inspiration, left a lasting impression on those who attended, all returning to their duties with a new vision and eager to put into practice that which they had learned.

Miss Esther Paulson has been appointed as public health nurse with the Metropolitan Health Board in Vancouver. During the last five years she was engaged in social service on the staff of the Provincial Welfare Field Service, and has done much work in the interior districts.

Married: Recently, Miss Bertha Margaret Lind (Royal Jubilee Hospital, Victoria) to Dr. James Boyd Roberts.

Married: Recently, Miss Margaret Dorothy Burnett (Vancouver General Hospital) to Mr. Frank Crampton.

Married: Recently, Miss Jean Lucille McAskill (Kootenay Lake General Hospital, Nelson) to Mr. Jack McLeod Warren.

Married: Recently, Miss Hazel Margaret Bell (Vancouver General Hospital) to Mr. George James Boulton.

Married: Recently, Miss Alice M. Gilroy (Regina General Hospital) to Mr. R. E. Beacock.

Married: Recently, Miss Doris Mary Bews (Hospital for Sick Children, Toronto) to Mr. James Clifford Spafford.

Married: Recently, Miss Frances Radcliffe (Royal Columbian Hospital, New Westminster) to Mr. Thomas Burke.

Married: Recently, Miss Edith Marjorie Hill-Tout (St. Joseph's Hospital, Victoria) to Mr. Roy Keith Brownell.

Married: Recently, Miss Maxine Anne Markle (St. Paul's Hospital) to Mr. George Chalmers Johnston.

Married: Recently, Miss Wilma Maxwell Struthers (Vancouver General Hospital) to Captain Stephen S. Albulet.

Kelowna:

Twenty-five hundred persons recently witnessed the official opening of the new Kelowna General Hospital. The spacious lawn in front of the new hospital was crowded with hundreds of spectators from Kelowna and all parts of the Okanagan Valley. Built at a cost of some $140,000, the new 100 bed hospital is considered to be one of the most modern and complete institutions of its kind in Canada. Mr. D. N. Gordon, president of the Hospital Board, gave an impressive opening address. Dr. W. J. Knox of Kelowna, after a few brief remarks, introduced Hon. K. C. MacDonald, Provincial Minister of Agriculture, who turned the gold commemoration key in the lock for the first time. Tribute was paid by Dr. Knox to Mrs. M. E. Wilmot, R. N., superintendent, prior to presenting her with a lovely bouquet of flowers.

Later the guests were entertained by the Board of Directors.

NOVA SCOTIA

New Glasgow:

The graduates of the School of Nursing of the Aberdeen Hospital, who have recently formed an Alumnae Association, held their first annual picnic at the summer home of Mrs. Howard Cantley, president of the Association, Pictou Landing, with forty nurses in attendance.

Miss Mary Crossman, of Chipman, N.B., has been appointed superintendent of nurses at the Aberdeen Hospital in New Glasgow. Miss Crossman is a graduate of the School of Nursing of the Saint John General Hospital at Saint John, N.B., and has taken post-graduate courses in the Eye, Ear, Nose, and Throat Hospital at Boston, Mass., and also at McGill University.

ONTARIO

District 1

WINDSOR:

Hôtel-Dieu Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of Hôtel Dieu Hospital, Windsor: President, Miss Julia Thomas; first vice-president, Miss Florence Donlon; secretary, Miss Florence Parent; corresponding secretary, Miss Meta Beaton; treasurer, Miss Lillian Arisenault.

Districts 2 and 3

BRANTFORD:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of Brantford General Hospital: Honorary president, Miss E. McKee; president, Mrs. B. Mizon; vice-president, Miss Olive Perry; secretary, Miss Olga Pickell; assistant secretary, Miss Helen Cuff; treasurer, Mrs. E. Billo; committee conveners: social, Mrs. A. Grierson, Mrs. G. Thompson; flower, Mrs. C. Windrim, Miss N. Yardley, Miss C. Lawton; gift, Miss M. Duncan, Miss H. Muir; representatives to: *The Canadian Nurse* and press, Miss M. Copeland; private duty section, Miss E. Scott; Local Council of Women, Mrs. G. S. Barber.

Miss Gladys Hamilton (B.G.H., 1938), a recent graduate of the School of Nursing, University of Toronto (Preston Scholarship), has accepted the position of director of nursing education in the Homoeopathic Hospital, Montreal. During the past year Miss Hamilton served on the staff of the B.G.H. as supervisor of the surgical department. Miss Mary Brown (B.G.H., 1937) recently completed the course in teaching and administration at the School of Nursing, University of Toronto, and is now in charge of the surgical department of the B.G.H. Miss Irene Feely (B.G.H., 1933) recently completed the course in teaching and administration at the School of Nursing, University of Toronto (Sanderson Scholarship), and has accepted the position of supervisor of the medical division of the B.G.H.

Miss C. E. Jackson, director of nursing education in the B.G.H., attended the biennial meeting of the Canadian Nurses Association in Calgary. Miss Mary Terryberry (B.G.H., 1939) will take the course in teaching and administration at the School of Nursing, University of Toronto (Preston Scholarship) 1940-41. Miss Rae Isaac (B.G.H., 1924) has returned to Brantford from Kong Moon, China, where she has been superintendent of nurses of the Marian Barclay Hospital for the past six years. Miss Lyle Appleton, who was employed as relief supervisor of the medical division, B.G.H., has returned to her home in Yorkton, Sask. Mrs. H. B. Cauvet (née Helen Holbrooke) of Yonkers, N.Y., was a recent visitor at the B.G.H.

An enjoyable party was held recently on the grounds of the B.G.H. in honour of Miss Gladys Hamilton and Miss Lyle Appleton. The guests of honour were presented with a volume by E. Pauline Johnson, the famous Indian poetess.

Married: Recently, Miss Helen L. Robson (B.G.H., 1929) to Mr. W. Sherk.

Married: Recently, Miss Jessie Shannon (Homewood Sanitarium, Guelph, 1936) to Dr. Donald J. Twiss.

District 7

BROCKVILLE:

During the first week of June, graduates of the school of nursing of the Brockville General Hospital gathered to celebrate the fiftieth anniversary of the school. There was a very gratifying attendance at the Comstock Memorial Nurses' Residence when the Woman's Auxiliary served afternoon tea. Many class reunions were held in the evening. The following day the Board of Governors entertained the graduates and their friends at tea at Rosedale Inn, Morrisburg, after a scenic drive along the shore of the St. Lawrence River. Many happy acquaintances were renewed with a former superintendent, Miss Alice L. Shannette. The graduation exercises were held in the evening when Rev. Canon H. F. D. Woodcock, of Toronto, addressed the graduating class. Miss E. Claw, of the class of 1895, and Miss M. Nunn, of the class of 1896, presented the hospital emblems.

Visiting nurses were guests of the Alumnae Association for a boat tour of the beautiful Thousand Islands the next afternoon, and to close a very successful reunion, a banquet was held in the evening. Special guests included Senator and Mrs. A. C.

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Hardy, Mr. George T. Fulford, M.P., Mr. W. B. Reynolds, M.P.P., and Mrs. Reynolds (Class of 1908), Mayor and Mrs. Gordon MacOadrum, representatives of the clergy, the Medical staff, and the board of Governors of the hospital. Mrs. H. B. White, president of the Alumnae Association, officiated as chairman for the program following the dinner, speaking of the high standard which has been maintained by the hospital through the years. Among the speakers were Mr. Charles Scace, president of the Board of Governors, Dr. D. B. Code, of the Medical staff, and Mr. W. H. Comstock.

Miss Maude Arnold introduced the principal speaker, Miss Mary Nunn, of Alexandria Bay, New York, a graduate of the class of 1896, who served as a Nursing Sister during the Great War receiving the Royal Red Cross from the late King George V. On arrival in England Miss Nunn was transferred to the Imperial Service, becoming a member of the Q.A.I.M.N.S. She told of experiences in her nursing of wounded German prisoners which at first was very difficult, the nurses feeling so bitter thinking of the treatment reported to have been accorded British prisoners of war in Germany. However, this resentment soon passed as they realized that after all these sick were human beings. The German themselves were reserved, not knowing what to expect. In all cases they were well-behaved and appeared to appreciate the services rendered by the nurses. After a year's service with the Imperial Army, Miss Nunn was transferred to the C.A.M.C. and went to No. 3 General Hospital in France. Keen interest was shown in the address and a fine tribute was paid to the speaker at the close. One may well feel proud of a fellow-graduate with so fine a nursing record as Miss Nunn.

During the evening Miss Margaret Philips, Reg. N., sang very sweetly. The committee in charge of arrangements was composed of Mrs. H. B. White, Miss Helen Corbett and Mrs. M. Derry.

Miss Laura Johnson (B.G.H.) has joined the nursing staff of the Royal Victoria Hospital. Miss Flora Strike (B.G.H.) is on the nursing staff of the Neurological Institute, Royal Victoria Hospital. Miss Anne Pearson (B.G.H.) has accepted a position at the Home for Incurables, Toronto. Miss Hilda Greer (B.G.H.) is working in the York County Hospital, Newmarket, Ont. Mrs. Boyce Kerfoot (B.G.H.) has been doing relief work for the V.O.N. in Brockville.

Married: Recently, Miss Sarah MacCrimmon (B.G.H.) to Mr. Frank Willows.

District 9

North Bay:

Supervisors from the Catholic Hospitals of District 9, R.N.A.O., met recently at St. Joseph's Hospital for courses in supervision of nursing service, and guidance programs given by Sister Mary Aniceta, S.S.M., R.N., M.S. of St. Mary's Hospital, St. Louis, Mo., and Sister Mary Henrietta, S.S.M., R.N., M. A. of Desloges Hospital, St Louis.

The nurses of Timmins, Sudbury, and Sault Ste. Marie were privileged to have Miss Edith Dick, assistant inspector of training schools, address them at their chapter meetings recently.

The Health Centre, Callander, was the scene recently of a delightfully arranged affair when Miss Gladys Reed, Red Cross Nurse, entertained the North Bay Chapter, District 9, R.N.A.O.

District 10

Fort William:

Miss Dorothy Riddell, instructor of nurses at the McKellar Hospital, Fort William, and also convener of the Nurse Education Section, District 10, R.N.A.O., resigned in order to become instructor at the Belleville General Hospital. Miss M. Wallace, assistant superintendent of the McKellar Hospital, Fort William, has accepted the position of superintendent of the General Hospital, Lamont, Alberta.

Miss Jessie Young (Toronto General Hospital) has accepted the position as instructor of nurses at the Port Arthur General Hospital, succeeding Miss Grace Giles who has left to continue her studies in Toronto.

QUEBEC

Montreal:

Montreal General Hospital:

Miss Jean Smith (M.G.H., 1923), Miss Marguerite McLeod (M.G.H., 1926), and Miss Helen Brown (M.G.H., 1927) have accepted positions in a hospital sponsored by a large industrial plant at Brownsburg, P. Q.

Miss Peggy Moss (M.G.H., 1935) who went overseas early in the summer is doing nursing in an Emergency War Hospital in London.

Miss Lottie Urquart, military medal, (M. G.H., 1913) who has been in England for sometime, is working in the Canadian Records office in London.

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Married: Recently, Miss Naida Cowan (M.G.H., 1937) to Mr. Roger Mills.

Married: Recently, Miss Adelaide Wilson (M.G.H., 1931) to Flying Officer William Herbert Boyd, R.C.A.F.

Married: Recently, Miss Dora Greenwell to Mr. Ronald Liston McKinnon.

Married: Recently, Miss Helen E. Elder (M.G.H., 1931) to Mr. Percy Marsden.

Married: Recently, Miss Hilda Bryson (M.G.H., 1928) to Mr. Douglas Ward Sproule.

SASKATCHEWAN

REGINA:

A number of nurses recently were privileged to hear Miss Marion Lindeburgh speak on the Supplement to a Proposed Curriculum for Schools of Nursing in Canada. Although the meeting had to be arranged at short notice, over a hundred nurses were present, and gave Miss Lindeburgh an enthusiastic welcome upon her return to the province. This meeting was made possible through the generosity of Miss Lindeburgh who was spending a brief holiday in the province. Those who attended the meeting had the opportunity of hearing Miss Lindeburgh summarize the objectives of the Supplement, and guide the way to its further study. Miss Lindeburgh made all present feel that this publication is of greatest interest and concern to all nurses. At the cost of 75 cents each, copies of the Supplement can be obtained through the office of the Saskatchewan Registered Nurses Association.

The S.R.N.A. has undertaken to arrange for voluntary nursing service for the immediate care of evacuee children from Great Britain, who are coming to Canada under government sponsorship. Arrangements are to be carried out in Regina and Saskatoon under the guidance of local committees.

SASKATOON:

Saskatoon City Hospital:

Mrs. Jessie Porteous has returned from taking a post-graduate course at the School for Graduate Nurses, McGill University, and has resumed her duties as senior instructor at the Saskatoon City Hospital.

Miss Claudia Arrand (S.C.H., 1938) is

MEMORANDUM

To: All Nurses serving at home or abroad.

The right time to make provision for your future security is NOW. Remember that systematic saving today means glorious independence tomorrow.

N.B. This matter is urgent. May I discuss it with you today?

AMY B. HILTON
Sun Life of Canada, Montreal.

taking a post-graduate course in public health nursing at Toronto, Ontario.

Married: Recently, Miss Ethel Irene Wyatt (S.C.H., 1933) to Mr. Gordon McConnell.

Married: Recently, Miss Jacqueline Wells (S.C.H., 1927) to Mr. Eric Pierie.

Married: Recently, Miss Clara Neal (S.C.H., 1932) to Mr. Gordon Sutherland.

MOOSE JAW:

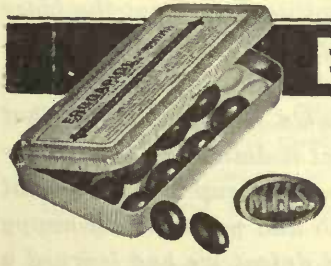
Miss Ada Stanley, who has recently returned from taking post-graduate work at the School for Graduate Nurses, McGill University, has been appointed to a position in the school of nursing at the Moose Jaw General Hospital. Miss Emily Groenewald has resigned from the staff of the Moose Jaw General Hospital, and has returned to Montreal.

YORKTON:

Miss Christina Macdonald has accepted the position of superintendent of nurses at the Yorkton Queen Victoria Hospital. Miss Macdonald is a graduate of the General Hospital, Brandon, and has been on the staff of the Saskatoon City Hospital for a number of years. She succeeds Miss Violet Widdicombe who resigned to be married.

Married: Recently, Miss Marion Violet Widdicombe to Mr. Henry Scott Ellis.

Miss Widdicombe is a graduate of the Yorkton Queen Victoria Hospital, and has held the position of superintendent of nurses there for the past eighteen months.



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All summer long . . . a breath of mountain air fluttered the pages of the Journal . . . and even the cover proudly displayed the snowy summits of the Canadian Rockies . . . Although all this was in the line of business . . . (we were trying to lure you to Calgary) . . .it did set us thinking of the time we climbed Mount Huber in a gallant attempt to qualify for the Alpine Club . . . On the eve of this great adventure . . . we were relieved to find that no seasoned climber took this noble peak at all seriously . . . "Rather a dull climb" . . . they assured us . . "but nice and easy for beginners" . . . Early next morning . . . as soon as we passed the timber line . . . this false optimism evaporated . . . For the first time in our sheltered low-altitude lives . . . we knew how it felt to approach the limit of physical endurance . . . Somehow we kept up with the rest of the party . . . until it was time to rope up at the foot of the glacier leading to the summit . . . Then all sense of shame departed . . . Gasping for breath . . . we sat miserably on a cold sharp rock . . . and begged the guide to leave us in a nice safe crack and pick us up on the way down . . . "Lady, we can't come down this way" . . . . said he with a kindly Swiss twinkle . . . "Just keep going . . . soon you get your second wind" . . . Wearily we got to our feet and stumbled toward the cruel green ice . . . And then suddenly the miracle happened . . . we got our second wind . . . thumping heart and bursting lungs took on their accustomed rhythm . . . Resolutely we set our clumsy feet in the steps cut by the guide . . . slowly we made the traverse and gained the summit . . . Unfortunately we can't tell you about the glorious view . . . because we didn't see it . . . We just lay flat on our back . . . hanging on to a remnant of that precious second wind . . . praying it would not desert us on the way down . . . To our immense relief, it didn't . . . As it got dark we saw the blaze of the camp fire . . . Gathered about it were the elect . . . the true mountaineers . . . But we cherished no illusions . . . Although after a fashion we had made our climb . . . we knew that we could never be one of that glorious company . . . The strange thing was that it didn't seem to matter . . . Someone gave us scalding fragrant tea in a tin cup . . . and we sat there sipping it slowly . . . aching in every limb and yet serenely happy . . . Deep down, we knew that in weariness and defeat we had learned a lesson we should never forget. . . No matter how hard the climb, "just keep going, soon you get your second wind" . . . E.J.

Official Directory

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A.A., Winnipeg General Hospital, Winnipeg

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A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

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Reader's Guide

Even in these troubled days, the **International Council of Nurses** keeps the nurses of the world in touch with one another. We are indebted to Miss Effie Taylor for permission to publish excerpts from correspondence addressed to her from many countries in her official capacity as president. Most of the women who wrote these letters live and work in constant peril of death. Yet their courage and devotion remain unshaken, and they are an abiding example and inspiration to us all.

Every now and then the censor relents a little, and we get word of Canadian Nursing Sisters overseas. **Miss Emma Pense**, Matron-in-Chief (in England), R.C.A.M.C., has kindly sent a message which will be eagerly read in Canada, and promises more news when the time is ripe.

Prior to the outbreak of war, the Committee on Exchange of Nurses, appointed by the Canadian Nurses Association, arranged for a series of interchanges which gave many nurses an opportunity to travel and to observe nursing conditions in other countries than their own. It was under the friendly auspices of this committee that **Dorothea Shields** visited New Zealand and enjoyed the adventure of working among the Maoris which she so vividly describes. Miss Shields is a member of the nursing staff of the Greater Vancouver Metropolitan Health Board.

At the annual meeting of the Manitoba Association of Registered Nurses, **Dr. W. C. Graham,** Principal of Wesley College, Winnipeg, delivered an address which profoundly impressed his audience. The substance of it appears under the caption of "A Free and Creative Spirit" and conveys a clear idea of his enlightened and stimulating educational philosophy.

Devices which help crippled people to overcome various handicaps are always eagerly sought. **Maud Zufelt** tells us about many useful and ingenious "gadgets" that have been devised for the purpose. Miss Zufelt is a member of the nursing staff of the Toronto Hospital for Incurables.

A further instalment of "All in the Day's Work," written by **Hilda St. Germain,** appears in this issue. A biographical note concerning Mrs. St. Germain appeared in the October issue of the *Journal.*

Mrs. Evelyn MacLaurin Redfern is one of many nurses, not actively engaged in professional practice who are giving their services as teachers of home nursing. She gives some excellent practical advice about how to get ready to face a class with confidence.

The nursing care of burns calls for skill, patience, and resourcefulness. **M. Scott Kelly** shows how all these qualities were brought into play in the care of a patient treated at St. Paul's Hospital, Vancouver, where Miss Kelly is a supervisor.

Under the caption of the Student Nurses Page, **Margaret Stewart** writes of the advantages of the eight-hour day, as arranged for student nurses in the School of Nursing of St. Eugene Hospital, Cranbrook, British Columbia. **Constance Clemens** describes pleasures of belonging to the Choral Club of the School of Nursing of the Royal Alexandra Hospital, Edmonton.

Dorothy Jenner, a member of the nursing staff of the Royal Alexandra Hospital, Edmonton, took the beautiful photograph which adorns the cover of the *Journal.*

The
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NOVEMBER, 1940

Thinking for Ourselves

Canadians have plenty to think about these days. Never before have we been confronted with a task comparable to that which we are now called upon to undertake, and yet we are tackling it steadily and quietly in true British style. Furthermore, the pressure of world events has driven us back upon our own resources and we are compelled to think for ourselves and to act upon our own initiative.

Nurses, as citizens, are keenly aware that our country is open to attack and that we must be prepared to render emergency service at home as well as abroad. Energetic measures are now being taken by the civil and military authorities in connection with civilian protection and air raid precautions. The Canadian Nurses Association is actively co-operating and has already formulated guiding policies regarding relationships with the Canadian Red Cross Society and the St. John Ambulance. As a result of this intelligent planning and direction, the members of the nine Provincial Associations of Registered Nurses will be assigned to work for which they are prepared both by training and experience.

This prompt and willing co-operation has had an excellent effect upon public opinion. Nurses are being invited to consult on equal terms with other leaders in the community and, over the radio, and in the press, are being heard with respect. As we work side by side with men and women drawn from other walks of life, they are getting to know us better. They are beginning to understand why we are struggling to attain better educational standards and more reasonable working conditions. They are coming to see that we are not trying to be "half-baked doctors" but only to become thoroughly competent nurses, fit to serve our country in peace and in war.

If only we have the wit to seize it, here is our opportunity to enlist public

sympathy and support for nursing and nursing education. It will be less easy to ridicule higher education for nurses when the women who are its advocates are demonstrating their capacity for leadership in a national emergency. There will be less misunderstanding and friction between professional and non-professional workers when each group acquires a healthy respect for the other's skill. A lot of silly prejudices will be forgotten when we buckle down to the job together, provided we retain a saving sense of humour.

Our willingness to render disciplined service has always been taken for granted and we should be proud of it. But in this war, obedience and devotion are not enough. We must be able and willing to think for ourselves.

Among the Maoris

DOROTHEA SHIELDS

When plans with a public health nurse were finally completed for my year's exchange in New Zealand, there was great speculation as to the different conditions which I would find. I knew there was a native race called "Maoris" but of their ways and customs I was quite ignorant. When I arrived in New Zealand and had my first interview with one of my superior officers, he attempted to tell me of the Maori people and frequently mentioned such words as "Pa" "P a k e h a" and "Whares", words with which I was quite unfamiliar, making it most difficult for me to follow the conversation. I was soon to learn that "Pa" meant "native settlement", "Pakeha" the Maori word for "European", and "Whare", "native house". New Zealand has wisely adopted many Maori names for its towns and cities, lovely musical names such as "Ngaruawahia", "Te Awamutu", "Taumarunui", and "Waikaremoana". I became somewhat suspicious of my ability to master this foreign language but was assured I would have no difficulty if I remembered that the "wh" was sounded as 'f', and the "g" was silent. Each letter is pronounced and each syllable ends in a vowel. I proceeded to make this my nightly homework but soon realized that my accent was far from perfect.

The New Zealand Health Department has made great strides in its health teaching among the natives and have public health nurses stationed all over the country, doing native health work and carrying out a very full and comprehensive program. This includes Maori hygiene; preventive health measures; public health education; school health. Maori hygiene consists of (a) routine visits to "Pas"; (b) bedside care in specified cases and teaching of bedside care; (c) attending confinements and giving post-natal care. Preventive health measures include (a) ante-natal instruction; (b) infant welfare, weighing infants and advice regarding diet; (c) watching tuberculosis contacts and organizing attendance at routine examination; (d) inoculation of contacts for infectious diseases (especially typhoid).

Public health education provides for the follow-up of tuberculosis cases and

the attendance of the nurse at all large Maori gatherings. The school health program covers (a) monthly examination of all children for skin diseases, pediculosis, etc.; (b) a yearly check of specified classes by the Medical Health Officer; (c) routine yearly inoculation against typhoid; (d) frequent lectures by the nurse on personal hygiene, control of communicable diseases and home nursing.

I was particularly fortunate in having the unique experience of relieving the health nurse in a Maori district and en route to my destination I met many of the district workers. One girl in particular was a native Maori trained nurse who was doing a special piece of work in the control of tuberculosis. Her territory covered some sixty miles in which she was responsible for fifty-nine cases of active tuberculosis and the supervision of 383 contacts.

A great number of these people live in very crowded unsanitary conditions, large families often living in one room where the segregation of a tuberculous case is impossible. Sanatorium care is only obtainable for extreme cases; therefore in 1938 huts were introduced. In these huts, which consist of a small room with a fireplace and adequate window space, the patient with a positive sputum can be isolated from the other members of the family. At present there are twenty-four of these huts in use in this district. The nurse visits all necessary cases once weekly and gives instruction in preventive care to both the patient and the other members of the family. The doctor visits the district monthly to examine special cases.

I was given the opportunity of spending some time in the district with the regular workers. The variety and fascination of a district health nurse's work here can easily be understood if we accompany her on her rounds. By 8 a.m. bags are packed and placed in the back of the car which is really a travelling dispensary; and oil and petrol checked for we are going many miles from civilization and service stations. Then off into the mist rising from the slow-flowing river, the sun promising a hot, clear, summer day. We start with a visit to the local hospital where the nurse goes to see a sick Maori woman; the nurse is going to the woman's home later and will be plied with questions. Five minutes delay, but it means so much to the patient and her relatives and the nurse will be repaid a thousandfold in affection and confidence. Back into the car and on over the long hilly roads with views of the coast and valley and salutes from school children, road workers, and drovers.

After an hour's drive we round a corner and come upon a roadside tent, our first call. A shrill voice calls "Nurse is here", scuttle, and three brown naked bodies disappear into the tent; subsequently three brown laughing faces peer at us from behind their mothers' skirts. "Good morning nurse, come inside", and the day's work begins in earnest. First a baby to be weighed and his weight charted in the baby book, the mother noting with pride that the weight is correct, the significance of which she has been taught. Questions are asked and answered regarding the baby's and children's diet and general health and praise given for a well-kept and tidy tent.

Maori women often have to carry water a quarter of a mile or more and yet continue to keep their houses clean. For some, of course, the struggle is too great, as can be seen from the next house, a pitiful "whare" of strips of corrugated iron and sacking, a mud floor, a few unhealthy looking hens and

pigs scavenging around the door, but with it all the courtesy inherent in the Maori race, so once more the familiar, "Come inside". Inside, the district nurse sighs, it seems so utterly hopeless; she has tried over and over again to persuade the occupant to apply to the Native Department for a house, but he belongs to an older generation, proud and suspicious of modern methods. This time, however, she has been successful. "The Boss", with spectacles on his nose, is poring over some papers and asks the nurse to explain them; they are his application forms for a new house. Together they fill them in, the nurse, fearful lest he should change his mind, undertakes to post the precious documents. She is happy; she forgets the twenty or thirty houses equally dilapidated; even the fact that the next door baby is not gaining and is being wrongly fed fails to depress her.

The author and a Maori friend.

Next a visit to a native school of 100 pupils where we are greeted with a Maori song of welcome. All children, with ailments noticed by the teachers, are examined by the nurse and the whole school is inspected for skin conditions. Then the senior pupils are taken for a lesson in home nursing. No equipment is used that cannot be found in the average Maori house, the aim being to teach so that the knowledge may be applied in their homes, long after they have left school. They are very apt pupils and thoroughly enjoy the lesson. Both boys and girls attend, as Maori men take as much part in nursing as do the women.

Then an ante-natal case to be seen. This is a very important part of the work. The district nurse knows the maternal mortality among Maoris is far too high and is doing her best to persuade mothers to be confined in hospitals. She makes several visits to each case and if any abnormality is noticed, sees that medical attention is sought. Back to the car, a few more houses to be visited before the day's work is finally ended.

Journeying on to my own allotted district, I passed through some very beautiful parts of the east coast of New Zealand, finally reaching my destination to learn that my district extended for about sixty miles along the beautiful east coast. Aside from a handful of "Pakeha" scattered over the country side, my contacts were to be entirely Maori. The nearest town was four miles away and consisted of a hotel, post office and store, all operated by the same Maori family, and a nearby hall, which on Saturday nights was converted into a picture theatre. This is known as decidedly "back block" district and is eighty miles from the nearest railway. Therefore all this district

is accessible only by motor service bus. Forty miles away was my nearest doctor; in cases of dire necessity he might be summoned.

A relieving nurse is not expected to carry out routine work but merely to attend to emergencies and be on call when needed. However, I was responsible for advice during any illness to 900 Maoris. As elsewhere, nurses are not supposed to diagnose, but here, I fear, one had to be a specialist in all lines of medicine and know what treatment to administer. Complete dispensaries are carried in the back of the car. It is remarkable how adept these nurses who work in outlying districts become. Accustomed to doing public health work with a doctor always within easy call of the telephone, my first few days were somewhat of a nightmare and my heart fairly stopped beating whenever the telephone rang, but I soon discovered that the Maoris were a very sturdy race and small repeated doses of milk of magnesia would cure the majority of inward complaints and a little ointment to rub on gave miraculous results for all outward troubles.

My living quarters were four miles in the country and had been provided for the nurse by the Maoris of the district. The older generation of natives do not approve of cooking in the same house in which they live, so I found myself in possession of two houses. In one building was my bedroom and living room, and about ten feet in the rear was a similar building consisting of dining room and kitchen and a combination dispensary and assistant's bedroom. A bathroom was tacked on at the rear, containing a tin bath. When I first arrived, during a dry spell, our storage tanks were very low and we got permission from the local hotel keeper to go to the hotel for our weekly scrub.

Transportation, ancient and modern.

Nurses assigned to these back block districts are supplied with a Maori girl who bears the title of assistant. I was particularly fortunate in having a young, pretty, vivacious native girl who had had two years of secondary school and therefore spoke English quite well. She did the housework, prepared the meals and completely serviced the motor car. Our petrol was supplied in forty-four gallon drums and oil also came in bulk. She was expert at changing tires and when there appeared to be a stoppage in the petrol flow, she went to work with the assurance of a skilled mechanic and knew exactly what to do. Her spare time was often spent greasing the car. She accompanied me on all calls and was my constant advisor and consoler, as for instance when one morning she asked me to write out a death certificate for an infant whom we had previously seen. I felt very much shocked and looked rather gloomy, but

my assistant said, "Never mind nurse, the baby was always a weakling. The mother has seven children (who all slept in one bed), she is already pregnant again", and as a last consoling remark, "and anyway, nurse, she is not married to that man."

The Maoris were most generous and we frequently arrived home after our day's outing with the back of the car filled with potatoes, fresh vegetables, rhubarb, lemons, crayfish, or snappers. The social side of life was not neglected and on Saturday nights we attended the local picture show and one evening I had the novel experience of attending a school concert and dance. At the picture show there were only hard benches for seats and if wise, one always carried a cushion. At the school concert, one was almost trampled on trying to get in, the reason being that there were a few chairs in front. To all entertainments the children accompany their parents and the baby is fed "ad lib" whilst the children run up and down chewing candy and peanuts. The women are heavy smokers, pulling their tobacco out from amongst the baby's napkins and rolling their own cigarettes. The men wear their hats during the entertainment, silence never reigns supreme, and when the heroine is kissed the whole audience screams. The concert program was long, and varied from their "Haki" "Poi" dances and action songs to their interpretation of "Snow White and the Seven Dwarfs" which looked very odd with their little brown faces and heads. The Maoris love action and the *pièce de resistance* was the cowboy plays and songs with a shooting scene which called for lights out: no easy matter when oil lamps had to be taken from their hooks and extinguished. Some of the bright lads at the back thought this a good time to start a fight. Immediately the audience rose in a body and yelled for lights, and until the chairman had the disturbers pushed outside, their attention was much divided between the program and the fight.

The concert finished at 11.30, then followed the dance on the floor which was a mess of mud, peanut shells, candy papers, cigarette butts and matches, but this in no way interfered with the nimble feet of the natives who danced the fox trot, paley glide and Lambeth walk with the greatest ease. I had a couple of whirls (as my assistant called them), and found the technique unusual, the dance being long and fast. Upon its completion, your partner snugly clasps his arm round your waist for a few steps and suddenly leaves you stranded to find your own way back to a bench.

The roads we travelled were narrow, high and winding, although I was assured that now they were wonderful. They told me that I should have been there a few years ago when you had to back up to get around a corner. One still has to drive through numerous streams (which have not yet been bridged), during which, if successful in getting through, your brakes are usually so wet that low gear has to be used for some time and when they are again useful you are due for another stream. This little inconvenience, plus driving on the left hand side of the road, makes travelling a very great hazard and I was indeed happy to find myself still in one piece when leaving that part of the country.

The Maoris are a particularly carefree, humourous race of people, greatly appreciating any little service that is done for them, and I can look back upon my experience of working among them as the most interesting and happiest time of my year spent in New Zealand.

The Nursing Care of Burns

M. Scott Kelly

The patient, a Norwegian boy twenty years old, having a splendid physique and robust health, was burned when the gasoline engine of a fishing boat exploded. Emergency treatments of carron oil dressings and a large dose of whiskey were given and he was brought by plane to hospital within two hours of the accident. On admission, he was found to be burned from the hairline to the umbilicus — arms, hands, thoracic area, face, neck, ears, anteriorly and posteriorly. These appeared to be first and second degree burns, with third degree burns of the posterior thoracic area. Both patellae had first degree burns with an extensive burn of the right thigh and calf. The axillae and the palms of the hands were unburned. The hands were clenched. The eyebrows and eyelashes were completely removed and the eye-lids burned. The patient was in deep shock and the prognosis was poor.

The treatment during the shock included the following measures. Tannic acid (two percent) was sprayed over the total burned area while the usual treatment for shock was given—opiates, fluids, and heat. Fluid was given intravenously into the ankle veins, while heat was supplied by an electric body cradle. The nursing care at this stage consisted of taking the temperature by axilla, the pulse by the dorsalis pedis artery, and keeping the ears free from pressure. The hands were left clenched, as this made the chance of finger motility a degree more certain on recovery. He was turned side to side, three times in twenty-four hours, to give movement to the lungs and relieve pressure on the back, to which an ozonal dressing was applied. Boracic eye irrigations were given every three hours. Catheterization was done, the urine showing a plus two albumin. Apart from the turning, position was not stressed due to the general condition. Blood transfusions and heart stimulants were given. At this time, and for the following ten days, the patient was irrational for long periods.

Approximately ten days after admission the patient rallied considerably. Fluids were forced by mouth to the amount of 200 ounces in 24 hours. The voided urine varied from negative to plus one albumin. Daily saline enemas were given. The use of a frame to relieve all pressure was inadvisable at this stage so the patient was placed in a semi-Fowler position, air cushions were placed at his back, and the immobile arms and hands were placed on rubber pillows allowing freedom at the elbows and wrists.

The burned areas were beginning to shed the black tannic acid coating; at no time was this coating forced from the tissue as bleeding would occur, giving rise to infection. The freshly exposed areas of tissue began to form purulent crusts, to which two percent 'Dettol' compresses were applied. This desquamation occurred over a period of one month, leaving what appeared to be healed areas of tissue showing no evidence of pore formation. It is interesting to note that the pores of the unburned skin were now over-functioning.

Particular attention was given to the face and ears by the application of medicinal creams. The deeply burned tissue of the back began to show signs of deep ulceration and malformation of the shoulders. This was temporarily reme-

died by arranging a sling around the patient's buttocks and turning him completely on his face for six-hour periods. This newly increased pressure on the anterior suface unfortunately caused a rapid breaking down of tissue. Normal saline and 'Dettol' compresses were applied to clear the purulent condition and were completely changed every eight hours. Although at this time the patient had a fair appetite and on persuasion was taking nourishment well, he developed the symptoms of gastric ulcer—a condition known to occur in cases of burns. This arrested the turning treatment, and the former care of the back was given. A modified Sippy diet was commenced.

The compress treatment was carried on over a period of two months with no great improvement; the condition of the back was somewhat worse. Yet the patient's general condition gradually improved. The temperature range was 98 — 100.4, the pulse rate 80—84, and his mental outlook quite cheerful. However, pressure was retarding any local improvement. He was placed on a Bradford frame, with the space from the back of his head to the mid-line left exposed. The arms were held in position by pillow supports on both sides of the frame. This left the back accessible for treatment. A mild green soap solution was used to compress and cleanse the ulcerated areas of the back. Healing became evident, but the position became very enervating. A piece of canvas to fit over the Bradford frame was designed leaving a strip down the spine to the mid-line. An ointment dressing to fit this strip was applied to the back and changed once daily. The normal saline compresses were keeping the anterior surfaces free from crust formation, but it seemed impossible to prevent re-infection. Adding to the patient's discomfort, an intense itching sensation spread over the entire burned area. This could not be relieved locally because the slightest pressure caused a break-down of tissue, with re-infection. A light sedative alleviated the mental distress slightly but the patient was becoming despondent and, as his mental outlook had been a vital part of his progress, radical treatment was resorted to.

During the seventh month, and with much apprehension, the patient was placed in a bath of potassium permanganate, one part in ten thousand, for 15 minutes, increasing 5 minutes each day. A buttocks-sling was used to lower him into the bath. Following this, five percent scarlet red dressings were applied, and the patient was replaced on the frame. This treatment has been carried out for two weeks with great improvement, when he developed a condition tentatively diagnosed as herpes zoster, and ran a temperature of 104 degrees for four days. About ten days after the subsiding of the pyrexia, the baths were resumed. These baths not only healed up the tissue, but the buoyancy of the solution aided in bringing back movement of the arms and fingers which were gradually straightened. Two months after the commencement of the baths, the patient was walking about and was able to grasp a golf ball. His face, ears, and neck appearednormal to the average eye, although the rest of the injured area consisted of scar tissue. Exactly one year after admission, surgical treatment was used to stretch the back and arm tissues and muscles so as to give greater movement. This patient now leads a comparatively normal life and hopes in the near future to resume his former work.

A summary of the medical treatment and the laboratory findings may be of interest to the nurse:

1. Sulphanilamide was given during the first three months with no apparent effect.

2. A series of staphylococcus toxoid was apparently ineffectual. Cultures from the discharge showed only staphylococcus aureus. All blood cultures were sterile.

3. Throughout the illness the red cell and hemoglobin count ranged from 2,000,000 to 4,000,000 and 50% to 80% respectively. The total blood transfused was 2000 c.c.

4. Cod liver oil dressings were used in place of ozonal without much change in tissue healing.

5. Licorice powder was used effectually as a laxative, in the later months. Iron and brewer's yeast were given orally three times a day.

6. The very minimum of sedative was used throughout the whole illness.

A Free and Creative Spirit

W. C. GRAHAM

The assumption that nursing is a profession leads one to ask what it is which endows any particular type of occupation with that precise status? At first glance, one might be disposed to assume that the difference is due to a contrast in the attitude of society toward some types of occupation as compared with others. But when we look into the reason for such social attitudes we invariably find them based upon an accumulation of shrewd personal judgments passed upon individuals who follow a particular occupation. The public is always chary about passing favourable judgment in such cases. It insists that the possession of certain qualities must be proven. A classic example is the case of a newcomer in a certain New England town who asked a group of natives if there was a criminal lawyer in town. "Wal, stranger", said the dean of the group, after due pause for reflection, "we reckon there is, but we ain't been able to prove it yet".

What, then, are those peculiar and distinctive qualities in the individual which tend to raise the occupation he follows to the level of a profession, and the lack of which in him will, in spite of conventional social standards, tend to reduce his occupation to the level of a trade? In seeking the answer to that question we might do well to notice a trend which, in recent years, has been gaining considerable momentum in our universities. If we pull down any old dictionary and turn up the word "profession" we shall be reminded that not so many years ago it was customary to recognize only three learned professions—theology, law, and medicine. To scan the structure of any modern university is to realize at once how this roster has been expanded in recent years. To the traditional schools have been added engineering, commerce, education, home economics, music, art, agriculture, dentistry, nursing, architecture, social service administration, and others.

Now, I am well aware that some prominent educators are disposed to deplore this trend. Some, like President Hutchins of Chicago, go so far as to

assert that the effect of all this is anti-intellectual, and propose that the university ought to isolate itself from all professional schools. If you grant this group their premises, they can put up quite a good case. But I have often wondered if their point of view (and the obvious answer to it) is not summed up in the story of the fat man and the thin man, who bumped into each other violently in a narrow corridor. The fat man glared at the other and said: "From the looks of you, there's been a famine". Replied the thin man, with great spirit: "From the looks of you, you're the guy who caused it".

This multiplication of the professional groups seems to me to reflect an increasing disposition on the part of a growing number of intelligent people to look upon their occupation as an integral part of their whole personal life, rather than just as a way of making a living. The moment that point of view becomes dominant, a given occupation is no longer primarily a personal matter but assumes a social significance, in terms of service to be rendered to society as a whole. The motivation, in other words, becomes more altruistic and one no longer labours merely for sustenance or for profit. The things which may be procured with the economic fruits of one's labour pass from the centre of consciousness to the periphery. Gradually, the dominant interest in one's life becomes the occupation itself, not the material fruits of it. An occupation, then rises to the level of a profession when the chief motive in most of those who follow it ceases to be personal and becomes social.

When that happens, there is invariably a change in the quality of one's interest in his work. It ceases to become merely technical, that is to say, an interest in the command of skills, and becomes intellectual as well. Long ago, Plato said: "The examined life is the only life worth living". His words might be set down as an article in the creed of every true member of a profession. Such a person must not only know how and when to perform his duties—he must know some thing of why he performs them. According as his interest in the why of the thing grows, his tasks become both more absorbing and more significant. This being so, the second feature of a profession, as contrasted with a trade, is that he who follows it must profess knowledge about it, and not merely exercise skills in the doing of it.

That, of course, brings us very close to the very heart of all professional education, and now I should like to make more specific observations on that subject. In the first place, the very fact that a profession is rooted in a motive of public service has a tendency to promote an emphasis on professional skills and a neglect of more intellectual capacities in the educational preparation for the profession. This is particularly true of young and rising professions like your own, where the public need for practical service is immediate and great.

In that stage of the evolution of any profession, educational standards are inclined to be low, to be administered in a rather haphazard manner, and to be confined to the most necessary technical skills. To put it frankly, the tendency is to exploit the strength, willingness, and natural aptitudes of candidates for the profession. These tendencies may become all but vicious in a profession which is highly institutionalized and where the services which can be rendered by candidates constitute a serious factor in maintaining the economic structure of a non-profit service institution.

I am not so young that I cannot remember a time when exactly this situation existed in the ministry of the church in which I was ordained. Candidates

were required to give two years service in circuit ministrations at a low salary, and usually in laborious fields, before going to college. I remember that in my first year I was paid at the rate of $350 out of which I had to keep myself and provide and maintain a horse, harness and buggy. The candidates were placed under the direction of superintendents who were supposed to supervise their studies from a few prescribed texts on technical and practical subjects. But very often the study of even these texts was the last thing the superintendent cared about. His interest was primarily in the service to be rendered to the community, and not in the life and future usefulness of his young colleague. It was possible, after completing this period of service, to reach ordination by putting in three years (and sometimes less) at college, for very short academic terms. I can remember being advised by some senior ministers to take this short course. In giving this advice they were quite sincere, but they were motivated by concern for the immediate needs of the institution they served. They were not thinking of my own life with its potential capacities, nor had they any long view of the needs of their own profession.

The institutionalist tends, through his commendable zeal for the institution, to lose sight of the fact that the unit of reality in all institutions is the individual person who serves it. If this is lost sight of in any institution, the results might be described as a miniature totalitarian society, in which the balance between institutional authority and individual freedom to live and grow has been lost. Those who, like yourselves, know much about the body, realize how fundamental to the life and growth of any organism is the maintenance of balance between its various functioning parts. Just as the will cannot overrule the heart with impunity, so likewise in an institution, authority may not impose too heavy loads on the humblest individual without endangering the health of the whole corporate body. In shaping the educational activities of any profession, one should press steadily toward the strict observance of the principle that the service which a candidate may render during training is always subordinate in importance to the service he will render after his training is over.

Turning now from the service aspect of this matter to its more formal educational side, the first thing that should be mentioned is that all the dry bones of conventional general education are being stirred with a breath of new life. For some years there has been much discontent with established patterns in primary, secondary, and higher education. Important experiments are being attempted at many points on this continent. It would be interesting to consider the forces which lie behind this ferment. What it all amounts to is that life is moving on and that education must keep pace with it. Perhaps the chief underlying factor has been the amazing technological advances of the last thirty years. These have set in motion certain forces which have exposed the weak spots in our social order. The great war in which we are at this moment engaged is at bottom, a fight between those who think that the liberal way of life, toward which the whole world was travelling a few years ago, is an order which cannot cope with the new technology, and those who believe that it can.

What is going on in general education in the democratic societies these days is in reality an attempt to strike new educational patterns which will make this latter claim good. When the Reform Bill was passed in England a little over a century ago, one commentator remarked: "Now we must educate

our rulers". By that he meant the people. The effort to do this has been going on ever since, though not without a great many reservations. But there is nothing better calculated to give the lie to those deluded wish-thinkers, who claim that liberal democracy has lost its vitality, than what is going on to-day in secondary and higher education.

A broad survey of the educational picture shows two significant things. First of all, a determined effort is being made to re-orient secondary education, and to some extent higher education also, in a new direction. It is being demanded that these levels shall not be used nearly as much as they have in the past for the purpose of selecting and equipping the relatively few for highly specialized functions. It is being demanded that they shall be used for increasing the number of those qualified to be intelligent citizens of a democratic society, and for building up the personal resources of such. But it is also being demanded that this new type of education shall be of such a nature that it shall serve to open and not to close the doors to more highly specialized types of educational opportunity. That, in my judgment is the dominant trend in general education in these days. It is my own belief, first, that it cannot be resisted, and second, that it should not be resisted, because it fits exactly to the emerging social situation which has been precipitated by the amazing technology of our times. My second point, then, is that general education is due for such an overhauling as will extend it to higher levels and make it a suitable instrument for realizing more fully the democratic ideal of an intellectually strong and vigorous common people, any one of whom may have the opportunity for outstanding special service to society.

Having welcomed and sponsored this principle as the right thing for our age, there remains the duty of seeing to it that the potential values of this movement are not lost, either through the enthusiasms of faddists in educational method, or through the narrow zeal of specialists for their own specialty. There is here an opportunity for those who are interested in professional education to play once again a strategic and constructive part in re-shaping the patterns of general education. That, let me remind you, is an opportunity which most of the modern professional groups have never enjoyed before. When the new professions came into existence, there was a long standing and traditional pattern of general education which, in Canada at least, has held its ground with great tenacity. Here and there, especially in what my colleague Professor Phelps calls "Usonia", the assaults of professionals and specialists did have more effect. But they only served to disrupt the old pattern. They resulted in making general education a disintegrating, instead of an integrating, force. That was not all their fault, because the traditionalists were never willing to open the whole question and to invite co-operative study and effort.

Just now, it looks as if the chance to do that is about to come; the whole question of general education is in the melting pot, and nothing is more important than that specialists and professionals should adopt the right attitude when it does come. What is the right attitude? Perhaps I can best suggest my view of it by describing what I think would be the wrong attitude. I am myself both an academic specialist and a professional. But if I were to use this opportunity to seek to promote my own specialty, or the interests of my own profession, I would be doing my bit to transform what ought to be a great co-operative effort into a battle between warring academic interests. And let me

say that no interests can be more bitter and unscrupulous in a knock-down and drag-out fight with each other, than academic interests.

Let me suggest that the state of our world, yes, and even the state of our own society, is one which calls for a new synthesis in general education which will make of it an instrument that will integrate individual personality and so reintegrate our democratic society. What we need is a general education which will make our youth more conscious of that widespread human heritage of knowledge and wisdom which the constructive minds of the race have built up, in spite of all that the nihilists (who are the minions of chaos) could do to hinder them. Now, as never before, the glory and the eternal worth of the free and creative spirit must be brought home to the men and women of tomorrow. Upon their strong young minds must be squarely placed the burden of that hope which our own saddened hearts cherish for the new world which, by the grace of God, working through our sacrificial faith, will surely arise in the days to come.

We who are specialists and professionals must face and cope with certain realities which will emerge out of the new general education, should it develop in the direction I have suggested. The candidates who come through directly from it to the professional schools will have had much less opportunity for detailed study of some technical subjects than they theoretically may have now. Take, for exmple, a student who is going on directly without further university work to a profession, like your own, which lies on the side of the natural sciences. Such a student, if our general education is well done, will be much more intelligent about science as a whole, about its spirit, its methods, its great aspects of human knowledge and effort. She will have a much greater intellectual interest in science and a much more highly developed sense of the social significance of her calling. But, beyond a thorough grounding in some basic subject like mathematics, she will have little detailed knowledge of individual fields of science, and practically no laboratory practice. That being so, the schools of nursing will either have to take on this job themselves, or send her on to the university for specialization in science.

Now while the latter course would be ideal it would not at present be entirely practical. Doubtless the proposal that nursing schools should undertake this detailed training in science will cause some misgiving; the equipping and maintaining of laboratories is an expensive business. Moreover, the effective detail teaching of science, at any level, is properly work for a specialist. To put such a burden on non-profit service institutions like hospitals would be unjust. Nevertheless, a public which has been relieved of the burden of providing expensive equipment and teaching all across the level of general education might be more willing, either voluntarily or by taxation, to provide generously both equipment and instruction in the fewer centres where it would be necessary for professional purposes.

Another reality which would have to be faced by professional schools would be the necessity of developing, from experienced and practising members of the profession, a teaching personnel, and of setting them sufficiently free from other duties so that professional teaching would be certain to be as efficient as the teaching given in general education, and so that professional teachers might become scholars and researchers and not as sometimes happens, routine pedlars of information and skills.

Teaching is an art, and not a sideline. It is true that it can always be better done by one who knows his subject, either through practice, or through research, or through both. But it can never be crowded into a subordinate place in the teacher's life without injustice to his students; from the point of view of the future of any profession, that is a dangerous practice. To my way of thinking, there is no part of education which is of more immediate and practical importance to the public than professional education. Into the hands of the members of the great service professions we commit, in large part, our health, our safety, our comfort and convenience, our business affairs, the administration of our institutions, and the shaping of our social psychology.

It is my hope and belief that out of the educational ferment of these times, through a shift in emphasis and a revision of functions in general education, there may dawn a new and better day for professional and specialist education of all kinds. To bring this about will call for tolerance, patience, vision and magnanimity on the part of all who have the welfare of society at heart. If these virtues are not to be found among the educated, in a liberal and democratic society, then our young men are fighting for something that is not worth saving. They are fighting for freedom. But what is this freedom? Is it not the freedom to grow, and to be unafraid of change which eventuates from growth? The service they render so fearlessly is their confession of faith that the sap of growth still pulsates through the whole tree of democracy.

Gadgets

MAUD ZUFELT

Very few people in the ordinary walks of life know just what "gadgets" mean to the chronically-ill patient, crippled with arthritis or some other disabling disease, and unable to move his limbs sufficiently to do the little things which most of us want to do for ourselves. After many years of suffering, and inability to move those agonizing joints, a little ray of hope enters. He finds, although he cannot use his hands as he did before his illness, that he can still "move them just a bit." If the pain becomes less severe, it does not take long for a fertile brain to invent the little gadgets which are worth so much to the patient, although of small importance to people who do not need them.

Necessity is the mother of invention, so we have evolved a most efficient long-handled cutting-edged fork and a spoon, which allows some one who would rather be independent to feed himself. Without these, a nurse would most surely be called upon for help. Imagine anyone thinking of attaching a long smooth stick or a fly-swatter handle to a toothbrush with strips of adhesive tape, and then struggling along with a cramped movement and really getting their teeth clean. And, at the same time feeling (which is much more

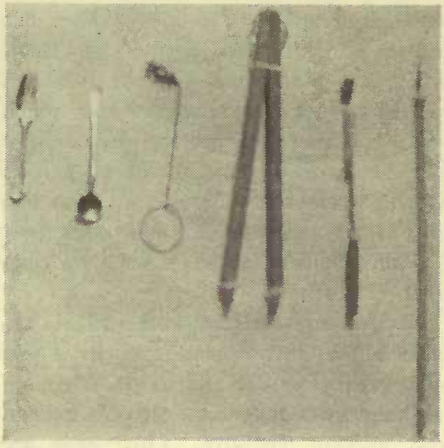
important), "I am accomplishing something for myself."

I really believe the long-handled Chinese back-scratcher was made for the chronic patient. It is really a marvellous invention! It rakes articles out of dresser drawers to within reach of practically immovable hands. It is incomparable to push the bedclothes away and rake them back again — not an easy task, but it can be done! It can be used to turn pages, and do so many little tasks which contribute to the mental happiness and satisfaction of the helpless patient. Last, but not least, it is the acme of perfection to do the job for which it is so named.

A long smooth stick, smaller at one end and rounded off, and measured to be the correct length for the patient who uses it, is just fine with a washcloth draped over it for washing the face and neck and getting behind the ears. It will brush away a stray hair or even wipe an itchy nose. This truly is a gadget not to be underestimated; who wouldn't wash his own face if at all possible? A comfort and an independence which no one would have taken away.

Have you ever seen a cigarette holder made of two strands of fairly thick pliable wire, twisted neatly together in such a mnner that a loop is left at one end to allow for grasping? On the other end a meuller snap is attached with a screw in which the cigarette is inserted. This gadget is used by a patient who is unable to lift his hnds to his face.

One of our ingenious patients has invented many useful gadgets, among which is a packing maker and a very handy "four-by-four" folder. Both prove to be great time-savers. The packing maker is of particular interest, and quite a clever device. A gauze bandage is first wound on a roller then guided through wire shapes and guides until finally by gentle pulling it comes out



Cutting-edge fork, long handled spoon, cigarette holder, nose wiper, long handled toothbrush, long handled button hook.

folded four times ready to roll up for sterilizing. Seeing the four-by-four folder for the first time, one might mistake it for an electric toaster, but on inspection we find there are eight separate folders, which are controlled by hinges. These, when pressed, fold the gauze into the neatest little four-by-four dressing you ever saw! This is quite an improvement on the first one made by the inventor, which did not complete the dressing but left most of it to be folded by hand.

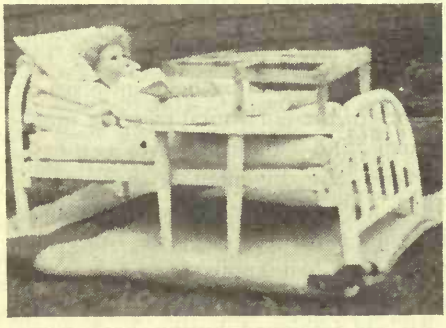
A reading rack has been designed especially for a patient unable to use the ordinary hospital type. Two sturdy pieces of wire, soldered together in the shape of a cross, form this gadget. The paper or magazine is held in place at the ends of the horizontal piece by mueller snaps, and a flatiron serves as a base. Someone else invented a nose-wiper. This is a contrivance made of two long sticks hinged at one end; the other end grasps the handkerchief and can be manipulated up to the nose.

An old-fashioned button hook came to life, attached to a handle eighteen

inches in length, not to button shoes, but to do no less than tighten shoelaces, which are then ready for the nurse to tie. This gadget is always within reach and serves nicely to pull the electric light chain off and on, and to lift up parcels by the string. It is indispensable to one patient who uses it and who does most beautiful petit-point work with his crippled hands.

Pillows and pads are indispensable requisites for the crippled patient. These vary greatly in size and shape, some being very firm to give the support needed and prevent pressure. Tiny pads are placed in clenched arthritic hands to keep the surfaces apart. Flat pads are very useful in spastic paralysis; for example, in the axillae or the bend of the elbow to prevent excoriation, or thicker ones between the knees and ankles to keep them apart. Baby pillows are used extensively to ease stiffened necks and arms. Often, when other pillows and pads fail to ease painful parts, these prove most effective.

A severe case of arthritis deformans has invented a special extension on the bed for her badly deformed right limb, which is outstretched nearly horizontally from her knee. Many pads and pillows give her support and ease — some being very firm to act as blocks to prevent others from slipping. The accompanying illustration demonstrates, in miniature,



Bed extension and cradle.

Wheel chair designed by patient.

the principle of this ingenious device. The stiffened "leg" of the doll lies across the doll bed, showing how the odd-shaped cradle prevents pressure from the bed clothes.

A badly deformed, arthritic patient has designed a most interesting chair for himself. Having only slight use of one arm, his greatest problem was to work out some arrangement whereby he could move and direct his chair with one hand. The motive power is supplied by a bicycle chain, running from a large sprocket attached to the wheel to a small sprocket fastened to the arm of the chair. Both sides are the same. Across the chair, between the two arm sprockets, a detachable drive shaft is secured after the patient is in position. On this shaft are three levers and when the middle lever is worked back and forth the chains on each wheel exert equal pressure, thereby propelling the chair in a straight line. Should he desire to turn right or left he uses one or the other of the other two levers, depending on the direction he wishes to go. These levers, when worked back and forth, exert pressure on only one wheel at a time. Therefore, as one would use

the oars on a boat, our patient by pulling one lever or the other can turn to right or left.

Another helpless patient, suffering from arthritis, conceived the idea of controlling his radio by pulleys made of ordinary window cord and weights, at a distance of three feet from his bed. He is able to get his station, control the volume, and turn the electricity on and off by means of the cords which are held in place by weights, and suspended across his bed from the radio. All the nurse must do is to place the cords in the patient's hands and allow the weights attached to them to drop and hang down on the other side of the bed. These weights merely give the patient a little assistance and thereby help almost immovable hands do something to make their owner happier.

Shall we pay tribute to these people who go on from day to day with no hope for recovery, no brightness for the future, but who have the courage to live and be happy? I think we should.

Echoes from the I.C.N.

The President of the International Council of Nurses, Miss Effie J. Taylor, has kindly allowed the *Journal* to publish excerpts from letters which she has received from nurses living in countries which hold membership in the I. C.N. The first of these was writen from London by Mrs. Bedford Fenwick, Founder and Honourary President of the I.C.N., and president of the National Council of Nurses of Great Britain:

Thank you for your friendly message from the Board of Directors of the American Nurses Association. It is indeed satisfactory to know that there is an ample surplus to invest and to maintain the solvency of the International Council of Nurses during this time of financial disturbance. The communication inviting investigation for the present construction of a curriculum for graduate nurses must, I fear, stand over for the present, as we have no time nor money to make such an investigation in Great Britain. Every hour is of value to the nurses in this country in helping to defeat the horrors of rapacious annexation of defenceless countries by lawless and tyrannical dictators, and as our country is practically alone in the struggle for humanity, we must place the consideration of professional matters aside until rapine and murder have ceased to devastate our beautiful world.

The next message comes from the President of the Norwegian Nurses Association, Miss Bertha Helgestad:

Your wire did me — and all of us — a world of good. It was of a greater moral and spiritual help than you ever can imagine and we will keep your message as a treasure. It has been a hard time, but somehow, each day is born anew and we live in and on the hope that things will right themselves in time. The Norwegians, inclusive of all classes, have had a very high life standard: culturally, socially, and economically. I dare say that as a nation we had become a little too smug, comfort and pleasure loving, and therefore had to have our loss. But most lessons are hard and bitter as wormwood.

I seem to have lost my sense of time completely. It seems impossible that it is a few months since we were together in the International Council meetings. I shall never

forget your delightful person and personality — and how pleased we all were to have you for our President.

There have been all sorts of idiotic rumors about us having no food, no medicines, no medical appliances and so on ad infinitum. This is absolutely not true. So far we have had plenty of good food and all we need. The country was well supplied, thanks to our merchant fleet, before the war broke out. In July 1939, I became Matron of the Norwegian University Hospital — about 1200 beds and a staff of 800 persons, and even in this rather large and exacting administration, I have not experienced any difficulty in getting what I want.

The war, of course, has made a terrible havoc in large areas of the country, and building it up again will cost a tremendous lot of money, not to mention the monetary cost of the war. But if I know my countrymen aright, the spirit of the Vikings is not dead. There will be a resurrection, and a revival and renewal like that of the Phoenix from its ashes.

The third letter comes from Bolivia, and was written by Senora Sofia Pincheira de Ehrenberg, formerly associate national representative to the I.C.N. from Chile:

If I were alone, without a family that still needs me, I would be one of the first to serve the cause of the United States in the event that the country should be involved in war. I do hope that the United States, as well as our own countries here in the South, will not become implicated in the present disaster. At present I am doing some teaching work at the School for Nurses recently opened here in Obrajes, La Paz, by the Clinica Americana, an institution run under private enterprise. To arouse the interest of the student nurses in the nursing profession, I gave a talk about nursing in the United States and showed the moving pictures which I took at Yale. The whole medical staff was present, most of them Bolivian doctors, and they were surprised to hear of the progress attained in nursing and hospital care. This School for Nurses is, at present, the only one in Bolivia and undoubtedly will promote more interest in the trained nurse, who is almost unknown in this country.

The fourth letter comes from the Matron of the Manchester Royal Infirmary, Miss Lucy Duff Grant:

Your cablegram reached me on a Sunday morning when I was feeling very weary after a week of disturbed nights, culminating in two nights when I never was in bed at all. It put strength and courage into me.

In spite of everything, we are all in good spirits .We do not fear what lies before us and we are all sure of our ultimate victory for the whole country is loyal to King and Government, and we nurses are proud to think that our special watchword until we meet again in happier times is "loyalty". As our great Prime Minister says, we are "grim and gay"—and also full of courage.

Tell our American sisters that British nurses will never let them down, and that we look forward joyfully to meeting the nurses of the world at an International Congress, we hope in America when peace and sanity once more return to this war-stricken world.

The last letter was written by Miss R. Cox Davies, from London:

I want first of all to thank you so much for your letter which should have been answered earlier. I know you will understand that we have very little time and at present very little thought for anything but the one all absorbing topic. Do not worry too much about us. We are certainly not starving, and neither are we too much inconvenienced except for the intense desire that the present difficult days may come to an end quickly. I am not saying anything more because it is inadvisable to write on these topics, but we do value very greatly all the affectionate thought which I know our old friends are giving to our little island so far away from you — so far away only by separation by sea, and not, I know quite well, in any other sense. We are a little island it's true but a very brave one! And at the moment quite a determined and united one also.

All in the Day's Work

Hilda St. Germain

Then followed two quiet days during which the school children and various settlers called to see me. Then one day the foreman of the City Camp told me he was sending in a man who had cut his foot with an axe. At eleven that night he had not come so I supposed he was not coming. I did not know then that he would have to wait until the teams came home at 6 p.m. and then drive nine miles over very bad roads. At two in the morning there came a knock at the door and the man arrived. He had a deep cut in his left foot, about two inches long, and there had been severe haemorrhage. I put in two stitches, cleaned and dressed the wound. There was no train the next day so I had to keep him at the Nursing Station until the following day.

On the following Saturday, the Rodies had finished their store, and were to give a dance. It rained as though it had never rained before, but Grace and I went to the dance. A man was sitting in a corner playing on some empty lard pails with a hammer and a knife and very good music he got out of them too. That night I had just got the bed warm, when there came a loud knocking at the door. A man who could hardly speak a word of English said, "You come quick. My wife she have a baby". I dressed hurriedly and gathered up the things I needed, and went out in the pouring rain. At the store we waited while the man woke up the proprietor and bought six yards of flannelette, which is their way of making proper preparation for the newcomer. We drove at a neck-breaking pace, the board on which I was sitting bumping up and down, and great lumps of mud hitting me. I was so busy trying to keep on that wagon I had no time to worry about what awaited me.

What a place! Onions hung from the ceiling, one corner of the room was full of potatoes, which gave off a sickly, earthy smell, a kitchen stove was in the middle of the room, and the hired man assured me he had helped the patient all he could. I made mother and baby comfortable, wrapped the baby in the flannelette which was all that was provided for it. Leaving the mother and baby girl in good condition and being assured that a woman neighbour would be there soon, I started for home again. The rain had ceased but the roads were bad. Warmth and comfort, a good meal and a welcome awaited me. Sandy, the pup, rolled out to meet me looking like a ball of fur. I paid this patient three more visits. Her recovery was not without complications, which is unusual with these women.

The school children often called in to be weighed, and would whisper and giggle. For a time they were very shy and self-conscious, but I gave a party one afternoon after school for them and we played musical chairs and hunt-the-slipper, and they began to thaw out. So I started a sewing class for the girls; they came every Thursday evening and listened to the radio, and made some really beautiful afternoon tea cloths out of flour sacks. The sacks were bleached, and a transfer put on which they embroidered. Then a border of gingham was added. The children loved their evening classes and the boys made small log cabins which were later used for bird houses.

Our next door neighbours were the school teacher and his young wife. A narrow woodland path lay between the Red Cross cottage and the School cottage. On the other side of the river, about a quarter of a mile away, there was an English couple, who had three young daughters and one son. They live in a big log house, very comfortable and homey. We never had a lonely evening, one or the other would drop in on us, or we would call on them. The arrival of my radio brought them to our place a good deal, and many a happy evening was spent while the flames leapt high from the log fire in our open fireplace. Early in October the school teacher's wife went to the hospital, and Mr. R. used to have dinner and sometimes supper with us, until one morning the hospital telephoned to tell us that Mrs. R. had a daughter. As soon as school was out, Mr. R. decided to take his ancient Ford and go to see his new daughter, and to start about 3 a. m. on Saturday. Grace wanted to go with him and started to bustle about. Then there was a fragrant smell of frying bacon from the kitchen, and presently we heard a great rattle and bang that announced Mr. R. was coming. The frost was sparkling in the light from the lamps, and the morning was bitterly cold and pitch dark, but you would have thought those two were on a great joy ride the way they laughed, and I felt a bit lonesome at being left behind.

The same afternoon I went to a meeting of the Women's Community Club which was held at a home about two miles away. There were about twelve women, some of them taking children with them. They sat on the side of the wagon with their backs to one another and their legs hanging down. It certainly was a pretty drive through the autumn woods, and if the roads were rough we did not notice it.

Mrs. W.'s cottage looked very homelike and comfortable. One big room served as kitchen and living room, and there were two long, low windows, the sills bright with flowering plants. At one end of the room were shelves well stocked with home-made preserves. The women soon got down to business. This club did all the social work in the place, and put on dances to raise money for the children's Christmas Tree, the Red Cross, or anything else they might need. Just now there was to be a Hallowe'en dance, and each women took some part, either seeing about refreshments or the music.

We were just sitting down to an excellent meal when a young man drove up with a team at a gallop, and asked excitedly, "Is the nurse here? There has been a bad accident. Kopes' team ran away with Mrs. Kopes and little Mary Perchuck. The wagon is just like match wood and Mrs. Kopes is badly hurt". So I had to leave at once. The wagon was just two boards laid across the axle, and we drove as fast as we could, over tree stumps, and logs. The boards would separate, and just as I had made up my mind that I was going through on to the ground, we would go over a stump and bang! the boards would come together again. I would shoot up in the air and come down with a bang until every tooth in my head rattled. The driver looked back at me and asked, "You are not afraid, are you? This is the team that ran away". I had no breath left to answer him, although I thought if they are not running away now, what are they doing?

The patient had been taken into the Munroe's big living room, and was lying on the bed, and her mother was walking around in a most excited manner. The patient, a slip of a girl, did not appear to have any serious injury, although it was too soon to say if there

had been injury to her head. As quietness was essential, I thought it would be best to leave her where she was for the night anyhow. So I gave her a sedative and put ice to her head, and tucked her up warm on the couch. I arrived home about midnight and wondered what was the matter with me, I was so sore all over, but I think the wagon ride accounted for that.

The next day I went again to see my patient. Her mother was anxious to take her home, so they put a feather bed on the wagon and took her to her mother's house — a change for the worse. Mrs. Munroe's room had been big and bright and airy, while the cottage to which we took her was small, onions hung from the room (we even had to stoop to get in at all) and the next room, divided by an archway, was full of potatoes. The place had been heated until it was stifling, and the smell of onions and potatoes defied description. In a corner was a bed and here we placed the patient, between two feather beds. The windows would not open, so I insisted that they let the fire out and leave the door open, and also put the onions somewhere else. The girl had concussion of the brain and was quite sick for about ten days, but she was sensible and saw to it that her mother did as I told her. I visited her every day for a week and she made a good recovery.

On Active Service Overseas

Number 5 and Number 15 General Hospitals have both been busy and are handling a number of patients. Soon, all huts will be completed. Number 4, Casualty Clearing Station is, of course, mobile and at present tents are used for all purposes. The Sisters are glad to be on active service and the Canadian soldiers are delighted to be in their own hospitals. All the Nursing Sisters are doing good work, cheering the patients and showing no sign of nerves themselves, I am thankful to say. The Nursing Staffs for Number 1 Neurological, and Number 4 Casualty Clearing Station, as well as several Home Sisters and Dietitians arrived recently after an uneventful crossing. The Nursing Sisters had a few days shore leave but have now joined their Units.

Number 1 Neurological has an ideal spot for their Unit. It is a large Georgian house surrounded at one time by a moat, and set in lovely parklands. It is a beautiful example of that period and quite unspoiled although absolutely modern as to central heating, plumbing, and refrigeration. Arches and garden houses,

Royal visitors to a Canadian Unit.

apparently built at the same time as the house, and stately avenues of trees make one feel that beautifully dressed people of a past generation should be strolling about instead of our "Blue Khaki". Is it not a pity that places cannot register the scenes from a more colourful and less scientifically brutal age? However, for the special work which will be undertaken here, the surroundings are perfect and will help many a patient toward recovery.

Everyone has been most hospitable to our Sisters and they receive more invitations than can be accepted. Many of the Clubs have offered the privilege of honourary membership and, at the opening of the King George and Queen Elizabeth Club, four of our Nursing Sisters (two from each Unit) formed a Guard of Honour in company with others.

Editor's Note:

The *Journal* is indebted to Miss Emma Pense, R. R. C., Matron-in-Chief (in England) of the Military Nursing Service, R.C.A.M.C., C.A.S.F., for these interesting comments on the work of Canadian Nursing Sisters serving in England.

OVERSEAS MAIL

No. 1, Neurological

The editor has received the following letter from Miss Moya Macdonald, Matron of No. I Neurological Hospital, R.C.A.M.C., C.A.S.F.:

My Nursing Sisters and I wish to thank you for the copies of *The Canadian Nurse* which were already here for us on our arrival. We had a calm and enjoyable crossing not without considerable danger, but arrived safely without incident. We were sent to London for five days leave, but the air-raids were constant and much time was spent in the safety of the shelters. Our Unit is situated in beautiful country, and our quarters are luxurious. At present we have few duties, as we are only in the stage of getting set up and are not ready to care for patients.

A nice cup of tea

It was very kind of you to send me a whole pound of tea — it's wonderful. All of us can now have extra cups when we are sitting under the stairs listening to our big guns pounding away at the Nazi planes, and bombs are dropping all around us.

I am now a ward sister in the same hospital where Phyllis teaches, so we are together all day. I go home to sleep, if I can manage to get through before the raids start. The Nazi planes are overhead regularly about dusk. Quite a lot of bombs dropped within a few miles of the hospital and the sound of them falling is decidedly nasty. They seem to whistle through the air, and then there is a dull thud. Lydia and John sleep in their Anderson shelter in the garden every night, and are still quite safe. John has left school and has joined the R.A.F. and so is following in his father's footsteps In hospital, if there is a raid at night, all the day staff get up and dress, and go on duty in their own ward and stay there until the "all clear" is given. The night before last, I was on the ward until 4.15 a.m. and then had to get up and go on duty again at 8.30. It is a bit tiring, so these days when I am off duty I generally go to bed and try to get some extra sleep. To-morrow I hope to have a whole day off, and shall be really lazy and have breakfast in bed.

Editor's Note: These excerpts are quoted from a letter written to Miss C. M. Watling, Home Sister, School of Nursing, Montreal General Hospital.

Teaching a Home Nursing Class

Evelyn M. Redfern

Are you going to teach a Home Nursing Class this winter? Besides those nurses actively engaged in their profession, whose work includes such classes, there are some of us, somewhat out of practice, but who are volunteering our services. A little over a year ago I was asked to teach a class of collegiate girls, and as I had not been actively engaged in my profession for several years I felt this was an excellent opportunity, not only for a useful piece of work but for a refresher course for myself. If one is to teach one must study. The work proved even more interesting than I had anticipated. The active co-operation of the principal and the teacher of Home Economics assisted us, and the enthusiasm of the girls themselves made the classes stimulating to all who taught them.

The demonstrations were held in the Home Economics department. The girls were taught the care of the sick in the home, procedure in emergencies, some knowledge of infectious diseases, dietetics, and maternal and infant care. The prevention of disease and the promotion of health were stressed. The girls took turns in being the patient and each class opened with a short talk by the nurse who reviewed the previous lesson briefly and introduced the new work. A discussion period was followed by the demonstration of the day's lesson. The rest of the period was given over to practising the skill demonstrated. No lesson was more interesting for pupils and teacher than the one on infant care. We had a life-sized baby doll with all the equipment for bathing and dressing the baby. Each girl was taught how to pick up and hold a baby and the baby's bath was demonstrated. At the end of the course the classes combined for several lectures from doctors, and one from a dietitian. Had the doctors and the dietitian not been available, the nurses would have finished the course.

As this piece of work developed and we discussed its possibilities the question which naturally presented itself to us, as nurses, was this: why should such an important subject, comprising home nursing, maternal and child care, and first aid, not share a place in our school curriculum with home economics, manual training, and other special subjects? As I thought about it, I realized what an opportunity for health teaching lay in such a course. It has an immediate value in the health of the pupils, and the increased team-work in the family unit, and a definite carry-over value in their future life as home-makers and mothers.

While looking forward to the day when every girl, and perhaps every boy, too, will have the opportunity of getting some such course adequately taught by a qualified person we cannot overlook present opportunities. Since war began interest in home nursing and first aid classes has increased, and there has been an unprecedented growth in this field of health teaching. Many of the classes are under the supervision of the Red Cross Society or the St. John's Ambulance Association. In the larger centres the nurses have some supervision and they do not have to initiate or organize the classes. In the rural areas, however, one nurse may be responsible for everything connected with the course. At any other time she might have to stimulate interest and advertise the series of lessons, but I do not think she would

have any difficulty getting a group together at present. She must, however, decide on the group she will try to reach, the number in the class, location of the class, and so on. Young married women and teen-age girls are most receptive and their knowledge will benefit the coming generation. Small classes of about fifteen are better than larger ones; a small class allows for more individual attention, and more time for each student to practise the skills under the teacher's supervision. It is possible, however, to carry on a successful class with as many as twenty-five or even thirty students.

In choosing the location, a church hall, community hall, private home, school, or outpost hospital might be considered. You must have a place where at least the minimum equipment is available to work with. In the hospital, you might have too much equipment and the pupils might not be able to transfer their knowledge to home situations. A school is unlikely to have the proper set-up, except in larger centres where there is a Home Economics department.

If you are teaching in a private home you can show them how to improvise equipment. If the bed is low, blocks may be put under the four corners to raise it thus saving the person doing the nursing. An old shallow kitchen pot can be used for a bed pan, using a newspaper for a cover. An oil cloth can substitute for a rubber sheet, and thick layers of newspaper covered with clean old cotton will make a bed pad. An orange crate or a bureau drawer may be used for a baby's bed, and a six-quart basket makes a convenient baby tray. Heated flat irons or stove lids wrapped in newspaper will bring relief in place of a hot water bottle.

If the group is selected for you, and you are responsible only for the actual teaching, your work is simplified. You will likely have a manual with instructions on the matter to be presented. When considering the method to be used it is important that the nurse have clearly in mind the central aim of the course and try to relate each lesson to that central theme. In introducing new material, work from the known to the unknown. Know what material you want to present and how you want to present it. Don't depend on the manual in the classroom. Know your lesson and read around each subject. Try to anticipate likely questions and have an answer for them. Be sure you know perfectly the skills you are going to demonstrate. Keep your explanations simple, and allow plenty of time for the demonstration and for each pupil to practise, under your supervision, the skill demonstrated.

I am indebted to Miss Margaret MacLachlan who was formerly in charge of a Red Cross Outpost, for some of the suggestions regarding improvised equipment. She is now engaged in public health work in a rural area, and tells me that she is going to build her course around the theme that "the child is our second line of defence", and "it is a patriotic duty to developed a healthy, virile, and well-equipped race of young people". She is here quoting one of our foremost pediatricians, Dr. Alan Brown, who goes on to say that "we are fighting to make this world safe for democracy so we must at the same time fight to make our children fit to perpetuate this democracy when we shall have attained it". In this fight, we must implant in our pupils the desire for the necessary knowledge and the determination to apply that knowledge.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

First-Aid and "A.R.P."

As announced in these *Notes* in a previous issue of the *Journal*, the Canadian Nurses Association recommended that each provincial association of registered nurses should undertake without delay the organization of refresher courses in first-aid for graduate nurses. The Committee on Nursing Education, C.N.A., was commissioned to organize this undertaking.

A study of initial plans revealed the importance of instruction in first-aid being recognized by the St. John Ambulance Association, therefore, early in August, the use of the St. John Ambulance Association First-Aid Manual was recommended to the provincial units. Also these units were informed that a selected group of nurse instructors should be prepared to give instruction in first-aid throughout each province.

The convener of the Committee on Nursing Education is indebted to the Director of Ambulance of the St. John Ambulance Association for advice and detailed information concerning the organization of first-aid courses. By October 1, each provincial association received official information as to the procedure whereby graduate nurses may secure the first-aid certificate and the instructor's certificate of the St. John Ambulance Association.

Also, last month these *Notes* included information on air raid precautions as received from the Department of Pensions and National Health. Further official confirmation has been received from the Commandery Commissioner, St. John Ambulance Brigade, that the St. John Ambulance Association has been authorized to undertake instruction in "A.R.P." as authorized by Provincial Governments. Therefore the provincial associations have been advised to communicate directly with their respective Brigade Commissioner, who upon the necessary authorization can secure a qualified instructor to give "A.R.P." instruction to groups of graduate nurses.

In several provinces the organization of refresher courses in first-aid for nurse instructors and enrolment for "A.R.P." instruction are well advanced. Any member of a provincial association of registered nurses who has not yet learned the arrangements made by her association should get in touch with the secretary of that organization. From early reports of provincial activities, it is anticipated that during 1940-1941 every nurse in Canada shall be given opportunity to "brush up" her knowledge and practice in first-aid as well as to receive instruction in air raid precautions.

A Vocational Guide

A pamphlet, entitled "Should You Wish to Become a Nurse", prepared by the Committee on Nursing Education of the Canadian Nurses Association, has been published as a source of general information for girls in high schools and colleges who anticipate entering the nursing field. Distribution of the pamphlet is being made through the provincial associations of registered nurses, as recommended by the Canadian Nurses Association. It is hoped that the pamphlet will have a wide circulation in high schools and colleges in order that it may

serve its purpose. The pamphlet has been translated and published in French at the request of the Association of Registered Nurses of the Province of Quebec.

Welfare Federations or Community Chests

During the months of October and November some four hundred local welfare services throughout Canada are endeavouring to raise funds sufficient to meet their needs for the ensuing year. The Central Committee of Community Chest and Councils asked Miss Grace M. Fairley, President of the Canadian Nurses Association, for a statement in support of this annual appeal. We are pleased to be able to publish herewith Miss Fairley's statement:

Probably no group of citizens is more conscious of the need for stabilizing home life than the members of the nursing profession, whose work so frequently brings them in touch with the social problems that arise through illness. The nervous strain that is experienced by many of our citizens just now as a result of anxiety about husbands and sons on active service and their relatives in the war-torn countries of Europe is resulting in still greater demands being made on the various social agencies. These agencies were organized in peace-time, but the family ramifications at present are such that no line of demarcation can be drawn between the family welfare organization and the needs of soldiers' families.

If we hope to build a sound post-war program, we must see to it that the health of the women and children whose men are now on active service will assure the men returning to as normal an environment as possible, and we, the citizens of Canada, must bend every effort to ensure this accomplishment. How true it is that it is for the security of our homes that we are fighting.

The Canadian Nurses Association, of which there are over 16,000 active members, strongly endorses the appeals being made at this time for the support of the welfare organizations throughout the Dominion. Their needs are both pressing and essential to the life of Canada. Not only does this association ask for the support of its members but exhorts all Canadian citizens who can to help. Never was it more necessary that these service organizations should function to the maximum.

Nightingale Memorial Fund

Contribution to the Florence Nightingale Memorial Fund has been received from:

Quebec:

A.A., Royal Victoria Hospital, Montreal, $50.00.

AT 15 MANCHESTER SQUARE

The opening, by the Duchess of Gloucester, of the King George and Queen Elizabeth Club for Service Women of the Empire must have particular interest for nurses of practically every nationality. For the house at 15 Manchester Square, which has been taken over furnished by the British Women's Hospitality Committee for this new club was, until the outbreak of war, the Florence Nightingale International Foundation where hundreds of nurses from all over the world spent, in their time, one happy year as international students. Now it is to be a club for women of the Empire Services and when the Duchess arrived she was welcomed by a guard of honour of nurses, representative of nearly every department of the profession from home and overseas.

THE N.B.A.R.N. ANNUAL MEETING

The twenty-fourth annual meeting of the New Brunswick Association of Registered Nurses was held on September 24, and 25, at Moncton with upwards of 80 members in attendance. The meeting opened with prayer for help and guidance for the Empire. His Worship, Mayor Storey, extended a cordial welcome and greetings were received from Miss G. M. Fairley, President of the Canadian Nurses Association, and Miss Elizabeth Smellie, Matron-in-Chief, R.C.A.M.C. The retiring president, Mrs. G. E. van Dorsser reviewed a year of progress, highlighted by a new Registration Act.

The Secretary-treasurer-registrar, Miss Maude E. Retallick, reported three meetings of the Executive Council during the year which dealt with reports presented from all provincial sections and committees. Membership is steadily increasing, and there is a steady decrease in the number in arrears. The reports of the auditor and treasurer showed careful financing, and a satisfactory bank balance. New and improved requirements for registration have been secured as a result of the new Registered Nurse Act. The report of the Legislation Committee, presented by the convener, Miss B. L. Gregory, marked another milestone in Association history. Its modest statements made no pretence of showing the volume of work done during the past year.

Miss Lois Smith, convener of *The Canadian Nurse* Committee, reported a slight decrease in the latest list of subscribers. Lively interest and admiration were evidenced for the exhibit prepared by *The Canadian Nurse* Committee of the Association of Registered Nurses of the Province of Quebec, and kindly loaned to New Brunswick for the occasion.

The report of the Advisory Committee on Nursing Schools was presented by Miss Retallick, Registrar and School Visitor. School visiting continues under the direction of this committee, and thirteen schools are on the approved list. One of these, the school for Sisters only in the Hotel Dieu of St. Joseph, St. Basil, being listed for the first time. It is evident that better educated students are being admitted, and there is an advance in qualifications required for staff nurses. A study of school records will be undertaken by the Committee on Instruction with a view to unification.

The report of the Provincial Joint Enrolment Committee was presented by Miss Retallick. In this province, nurses desiring military service are enrolling directly with the Military Medical Officer of the district. By resolution of the meeting, the joint enrolment effort is to be continued.

Chapter reports showed the usual activities carried on in addition to war work. Sister Kerr's report of the Nursing Education Section stated that 465 students are enrolled in provincial schools. The advance in the minimum requirements for registration, and the definition of an approved school of nursing, according to the new Act, were also mentioned. The name of this section was changed to Hospital and School of Nursing Section. Miss M. Myers, convener of the Committee on Instruction, reported more effective functioning since the formation of a small executive group within its membership. Miss Myers also mentioned the modification of courses outlined in the new Curriculum to meet the facilities available.

The report of the Public Health Section, presented by the convener, Miss A. A. Burns, showed urgent need for more public health nurses in the Province. Miss Burns also referred to the study of minimum qualifications for public health nurses in Canada which was carried on under the auspices of the Public Health Section of the Canadian Nurses Association. The report of the Private Duty Section was presented by the convener, Miss M. Kay, who stated that the majority of private duty nurses had enrolled for military service. Unemployment had decreased notably in some districts. The name of this section was changed to General Nursing Section.

Miss A. J. MacMaster, convener of the

Scholarship Award Committee, announced the award of the $250. scholarship for 1940, to Miss Margaret E. Tedford, now enrolled at the School for Graduate Nurses, McGill University. Another award of the same amount, upon the same terms, will be offered in 1941.

At the conclusion of the afternoon session, members were delightfully entertained by Mrs. Rance MacKinnon with a group of humourous readings. Another enjoyable occasion was the dinner and sing-song. Professor Royle, of Mt. Allison University, gave a delightful address on art, its influence, and benefits in ordinary life.

Reports were received from Miss E. Dickson, convener of the Nightingale Memorial Committee, which stated that obligations had been met for this year. The History of Nursing Committee, under the convenership of Miss Burns, showed provincial data to be steadily accumulating. Miss M. McMullen, convener of the committee on eight-hour duty, reported that one hospital had adopted the straight eight-hour schedule. There is more effort in all hospitals to increase the time allowance, and a gradual disappearance of twenty-four hour duty for special nurses in hospitals.

Regret was expressed that delegates appointed to represent the Association at the C.N.A. biennial meeting were unable to attend. Appreciation was expressed for the extension of a delegate's privileges to Miss Lyla Gregory, a member in attendance. The meeting approved a donation of $150. to the Lord Mayor's Fund of London, for rehabilitation of the homeless, particularly for refugee children. An invitation to hold the annual meeting in 1941 in Newcastle was accepted.

The election of the Council resulted as follows: President, Sister Kerr, Hotel Dieu Hospital, Campbellton; first vice-president, Miss A. J. MacMaster; second vice-president, Miss Lois Smith; honourary secretary, Miss Sybil N. Everitt; conveners of committees: general nursing section, Miss Myrtle Kay; hospital and school of nursing section, Miss Marian Myers; public health, Miss A. A. Burns; *The Canadian Nurse*, Miss Helen Cahill; legislation committee, Miss B. L. Gregory; members of the council; retiring president, Mrs. G. E. van Dorsser; Miss Emma R. Trafton, Fredericton; Miss Ethel M. Hillyard, Moncton; Miss B. M Hadrill, New castle; Miss Louise Bartsch, Saint John; Miss Reta Follis and Miss Mabel McMullen, St. Stephen; Miss Elsie M. Tulloch, Woodstock.

The resignation of the Secretary-Treasurer-Registrar, Miss Retallick, was temporarily withdrawn and she was reappointed to office for another year. A special vote of thanks was presented to the retiring president, Mrs. G. E. van Dorsser, for her able leadership and tireless effort on behalf of the Association during her term of office. As a mark of their affectionate regard, the members authorized the treasurer to present Mrs. van Dorsser with War Savings Stamps.

—MAUDE E. RETALLICK

Ontario Public Health Nursing Service

Miss Mary Thom, B. A. (School of Nursing, University of Toronto, 1936) has succeeded Miss Dorothy Daniels as public health nurse in Galt. This appointment is under the Board of Health and the program does not include school health service.

Mrs. Fraser Ross MacPherson (John Hopkins School of Nursing, Summer Course in School Nursing, Ontario) recently began her work as school nurse (part-time) at the Toronto Normal-Model school.

Miss Oleavia Chant (Buffalo City Hospital, and University of Toronto Public Health Nursing course) is public health nurse at Haileybury.

Miss Dorothy Nicholls (St. Andrews Hospital, Midland, and University of Toronto Public Health Nursing Course) has been appointed by the Board of Health of Penetanguishene to succeed Miss Alpha Marchand.

Miss Marion Ross has joined the staff of the Wentworth County School Health Committee.

Highlights of the "A.P.H.A." Meeting

Maude H. Hall

Because one person cannot be in more than one place at one time, I can give only the highlights of the recent meeting of the American Public Health Association, held in Detroit. While this convention was illuminated with many things of greater or lesser importance, the philosophy of all public health work seemed to shine most brightly and to penetrate to the heart of all the discourses and discussion—the desire to create conditions under which we may "have life and have it more abundantly". It was inspiring to see and hear, yes, and to meet the people whose names are high in the public health firmament. The opportunity for interchange of opinion between sessions was stimulating, and perhaps as good a source of benefit as any.

For public health nurses, the National Organization for Public Health Nursing dinner was an enjoyable and, I may say, historic event. Miss Grace Ross, president of the organization, was honoured for her twenty-five years of service as superintendent of the nursing division of the Detroit Department of Health. There were more than six hundred guests, and the scene was one of festivity and beauty when Dr. Henry F. Vaughn, Commissioner for Health, paid Miss Ross a glowing tribute of praise and appreciation. It was a source of pride to every one of us to hear a member of our profession so generously eulogized by a public health official. Dr. Vaughn also expressed his unstinted admiration for the chairman of the public health nursing section, Miss Marion W. Sheehan, and for Miss Elizabeth Smellie, Matron-in-Chief of the Nursing Service of the Royal Canadian Army Medical Corps, who had been signally honoured by the Association as the first woman to be appointed to the office of first vice-president. It was especially heart-warming to the Canadians present to hear their country woman singled out in such laudatory remarks.

At the general dinner of the Association, held on a later date, another Canadian nurse was the recipient of an honour. Miss Margaret Moag, district superintendent of the Montreal Branch of the Victorian Order of Nurses, was one of a number to whom awards were made, by the Detroit Department of Health, in recognition of outstanding work in the public health field accomplished by nurses and doctors who had been members of the department staff in former years.

Dr. W. S. Leathers, Dean of the School of Medicine in Vanderbilt University, and president elect of the Association, forecasted a duplication of the last war's influenza epidemic, as a result of the mobilization of the nation's military forces, and called upon the delegates to prepare themselves for a vital re-adjustment in health services. "Our available data points to another epidemic in the near future" he said, "and there is urgent need for continued research".

Reference was frequently made to the American way of life, which is built on the same democratic principles to which we Canadians subscribe. It was demonstrated that people cannot be regimented into health, but that health must be taught to families in the homes. The goals in a public health program now include the prevention and control of communicable diseases, industrial hygiene, adequate nutrition, mental hygiene, and good housing. New and revo-

lutionary scientific discoveries are not necessary to insure better health and long life; but restricted budgets hinder the application of the knowledge now available, and there is need of a better understanding and a fuller knowledge to gain support for community enterprises.

Attention was drawn to the differentiation between information and education. Among the difficulties to be overcome are lack of co-ordination between agencies and health departments, failure to define objectives, over-emphasis on the promotion of the agency rather than the specific needs of the people, and lack of facilities for pooling information. All these difficulties can and will be overcome, and eventually health education will come into its own.

Trends which affect public health nursing were discussed by an "all-star panel". The topics include an analysis of the present qualifications of public health nurses in the United States, the setting up of minimum qualifications, methods of furnishing data for personal and other studies, and practical principles of making and using studies. Maternal and child care received much attention. A school for "heir conditioning" proved to be an institution for the education of prospective parents, where three hundred and twenty-eight fathers and six hundred and forty-seven mothers had already received preparation for their estate of parenthood.

Officers of the army, navy, and public health services discussed the problem of venereal disease control with special concern for the efficiency of American defence forces. The need for good surroundings in camp was emphasized, and the establishment of clinics, health education, and wholesome recreation were suggested as correctives and safeguards. The necessity for preparedness was reiterated, and the health of the nation was called the measure of its power. The welfare of the industrial workers, as well as that of the armed forces, has become of vital interest and health preparedness for the mobilization of man power has taken on a new significance. The American Public Health Association is a potent influence in the well-being of the people of the American continent, and attendance at their annual meeting was a source of interest and stimulation to the writer.

ONTARIO NURSES WAR FUND

At the request of Matron Gladys J. Sharpe, Secretary of the Ontario Nurses War Fund Committee, the following announcement is made concerning the splendid work done under the auspices of the Committee:

More than $9,000 of the $10,000 objective of the Ontario Nurses War Fund has already been raised. The fund is to be used to purchase emergency surgical units, which the Canadian Red Cross Society has advised are urgently needed. The approximate cost of each unit will be $1,000 and these are of such a nature that they can be used in outpost hospitals after the war.

With certain localities not represented, the subscription list is remaining open until all have been heard from, as it is confidently expected that our objective will be attained when every one has made a donation. The secretary-treasurer of the Registered Nurses Association of Ontario has kindly consented to receive all donations. Cheques and money orders may be made payable to the Ontario Nurses War Fund Committee and forwarded to the Secretary-Treasurer of the Registered Nurses Association of Ontario, 86 Bloor Street, West, Toronto. Please send in your contribution as quickly as possible.

THE C.P.H.A. MEETS IN WINNIPEG

FRANCES KING

The Canadian Public Health Association chose Winnipeg as its meeting place this year and fully 95 per cent of the public health nurses in Manitoba seized the opportunity of attending the sessions. Earlier in the week, this same nursing group was present at a refresher course designed to fit their own special needs and to give them the privilege of meeting with public health leaders from all parts of Canada. Miss E. A. Russell, director of the Public Health Nursing Division of the Manitoba Provincial Department of Health and Public Welfare, arranged that the biennial refresher course for her nurses directly precede the meeting of the Canadian Public Health Association, and those who could be spared from their districts were given permission to attend all sessions. Consequently, nurses from the rocky north, the settled townships, and the rural municipalities, the Health Units, and isolated nursing stations met in Winnipeg to be welcomed by the Minister of Health —the Hon. I. B. Griffiths. He was particularly appreciative of the work his nurses have been doing in preparing and investigating homes for British children and struck a note of optimism for the future of public health which was to prevail throughout the whole week's activities.

At noon the Provincial Nurses' Social Club met at a luncheon to deal with problems of a more personal nature. Presentations were made to two members of the staff who will be married shortly; greetings were sent to Nursing Sister Dorothy Brown, who is now serving in England; Miss A. Blais and Miss E. Rowlett were heartily congratulated upon the part they played in winning for the St. Vital-St. James Health Unit the 1939 First Award in the Canadian Rural Health Conservation Contest.

The lectures arranged for the remaining two days of the refresher course were open to all public health nurses. Members of the Victorian Order, Margaret Scott Nursing Mission, Bureau of Child Hygiene (Winnipeg), Winnipeg School Board, City of Winnipeg Health Department, and hospital departments arranged their work so that nurses from each group could be present at every lecture, and these in turn were detailed to bring back the latest information to the less fortunate ones who remained on duty.

For the remainder of the week the public health nurses attended the joint meetings of the Canadian Public Health Association and the Manitoba Medical Association. From the professional standpoint of the nurse, perhaps the most stimulating and informative session came when a symposium was given on the pre-school child. The program was arranged by the Public Health Nursing Section of the Canadian Public Health Association, with Miss E. A. Russell as chairman. Professor H. R. Lowe, Superintendent of Education (Manitoba), dealt with the emotional development of the pre-school child. Speaking in the capacity of an educationalist, a recognized psychologist, as well as a parent of pre-school children, Professor Lowe covered his subject very thoroughly, and so convincingly that one medical man rose to his feet to ask why the Department of Education did not "cut down on higher education" and concentrate more time and money on the two to five age groups.

Dr. O. J. Day, medical director for pre-school children for the city of Winnipeg, Department of Health, was the second speaker, and left no doubt in anyone's mind of the great need of redoubled effort in the direction of this neglected age group.

Miss Gertrude Hall made an excellent resumé of the important points raised by the speakers and gave direction to the lively discussion which followed. The Misses K. Richardson, Idell Robinson, and Miss Cates, of the Winnipeg Nursery Schools, very capably answered questions raised in regard to their work. Dr. Davey of Hamilton, Dr. Stewart Murray of Vancouver, and Dr. Bowman of Manitoba, were especially interesting in their pithy and pertinent remarks.

After a short business meeting, the public

health nurses met again at a luncheon, sponsored by the Public Health Section of the Manitoba Association of Registered Nurses. They were especially honoured to have as their guest, Miss Elizabeth Smellie, Matron-in-Chief, R.C.A.M.C. Dr. M. S. Lougheed, medical officer of health for Winnipeg, was the guest speaker. In a friendly, humourous manner he discussed the relationship between the medical health officer and the public health nurse, and gave a comprehensive view of the administration of Winnipeg's Health Department. Later in the afternoon, "95 per cent of Manitoba's public health nurses" prepared to take their separate ways again, each with renewed enthusiasm, and with many things upon which to muse.

SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY

The McGill School for Graduate Nurses has moved from its former quarters and is now conveniently located on the fourth floor in the Medical Building.

Members of the Alumnae Association will be interested in hearing of many new appointments: Miss Adelaide Haggart (T. & S., 1938) has recently joined the staff of the Montreal Neurological Institute. Miss Ella Howard (T. & S., 1939) has been appointed assistant superintendent of nurses in the Regina General Hospital. Miss Myrtle Graham (T. & S., 1938) has been appointed assistant superintendent of nurses in the Verdun Protestant Hospital, Verdun.

The members of the class of 1940 are now working in eight Canadian Provinces, and even in Labrador. Miss Lillian Baird is in charge of the Mary Shaw Barrow Nursing Service, Malbay, Que. Miss Helen Bendig is on the staff of the Provincial Health Department, Regina, Sask. Miss Phyllis Baden has been appointed to the Burnaby branch of the Victorian Order of Nurses in British Columbia. Miss Hazel Brokenshire has been appointed to the Montreal branch of the Victorian Order of Nurses. Miss Margaret Cogswell in on the staff of the Provincial Health Department, Lamont, Alta. Miss Marjorie Cowan has been appointed to the Regina branch of the Victorian Order of Nurses. Miss Edythe Cole has been appointed to the Montreal branch of the Victorian Order of Nurses. Miss Martha Earle has been appointed to the Newcastle branch of the Victorian Order of Nurses in New Brunswick. Miss Marie Grant is on the staff of the Provincial Health Department, Windsor, N. S. Miss Edna Hattie is on the staff of the prenatal clinic in the Royal Victoria Montreal Maternity Hospital. Miss Selena Henderson is on the staff of the out-patients department in the Children's Memorial Hospital, Montreal. Miss Elizabeth MacDonald is serving with the Grenfell Medical Mission at Cartwright in Labrador. Miss Nora McCoy is on the staff of the Provincial Health Department, Vauxhall, Alta. Miss Cecilia Pope has been appointed school nurse in Westmount, Que. Miss Thelma Steeves has been appointed to the Digby branch of the Victorian Order of Nurses in Nova Scotia. Miss Barabara Beattie is now superintendent of the Drumheller Hospital, Alta. Miss Penelope Bonnar is instructor at the Winnipeg General Hospital. Miss Mary Crossman has been appointed superintendent of nurses in the Aberdeen Hospital, New Glasgow, N. S. Miss Peggy Dixon is a head nurse in the Montreal General Hospital. Miss Daisy Everson has been appointed to the nursing staff of the Nicholls Hospital, Peterborough, Ont. Miss Katherine Gibson is on the staff of the out-patients department in the Royal Victoria Hospital, Montreal. Miss Elizabeth March is now science

instructor at the School of Nursing, Toronto Western Hospital. Miss Alice Palmquist is on the staff of the Regina General Hospital. Mrs. Jessie Porteous has returned to the Saskatoon City Hospital to resume her duties as senior instructor. Miss Phyllis Snow has been appointed instructor in the school of nursing at Jeffery Hale's Hospital, Quebec City. Miss Helen Wilson is now a member of the Training School Office staff in the Winnipeg General Hospital.

FLORA LAMONT,

Representative to The Canadian Nurse, A.A., School for Graduate Nurses, McGill University.

A REFRESHER COURSE—WHAT THEN?

FRANCIS V. MCQUARRIE, B.A., B.A.Sc

A Refresher Course comes and goes, but what part of it lingers on? This is a timely question — for we in British Columbia, under the leadership of Miss Marion Lindeburgh, have recently had such a course. There are still echoes reverberating throughout the hospital which by their very repetition are making a lasting impression. Perhaps the most easily discernible influence has been that upon our hitherto rather narrow professional vocabulary. It is surprising how many phrases have crept into our speech — "democratic attitude", "scientific method", "reflective thinking", to mention just a few. Each time one of these phrases is spoken it recalls an idea, an attitude of mind, and starts a new chain of thought, and shows that all our new found scientific principles and ideas of supervision have not passed beyond the threshold of recall.

I have mentioned three particular phrases because they are those which have been most persistently repeated. Are they just echoes, without body, or do they show upon what paths our need has taken us? Consider first of all "democratic attitude". Roughly defined, this means the right of individuals to reach their greatest growth. Many times an autocracy is clothed in the outer garments of democracy, but it fails to produce democracy's true result — individual growth. So, only by showing increased professional growth, is it possible to judge our democratic attitude. It would be an almost impossible task to decide so soon how much any one of our staff had developed, but certain manifestations of well directed activity along this line are definitely visible. A greater mutual understanding of supervisor, head nurse, and staff is being fostered and achieved, showing results in greater coordination of effort with a consequent higher standard of achievement in general patient care and in education. Of the desire for individual professional growth there is an unmistakable indication, shown by the enthusiastic response to a self-financed professional library for our staff nurses.

Have we managed to employ "scientific methods" in our supervision? Perhaps, though nursing is an art and a science, we have not in the past, made use of scientifically sound methods of supervision and ward-teaching. That is, we have not considered those factors essential to planning a successful supervisory program: a definite goal; a pooling of resources; flexibility; practicability. There is certainly a definite trend towards mutual consultation and planning which in itself is distinctly encouraging. However, a practicable plan is not easily organized but producued through a very long process of accepting and discarding ideas. Because of this it is better to make no comments on planning as yet, because much water will go under the bridge before a satisfactory plan is produced. So what we are now seeking is: "A guiding, controlling,

and co-ordinating force towards education and service."

A central plan for service and education is ideal. However, there are many misconceptions regarding its practicability. So it will take time, labour, and inspired interpretation to disprove these established prejudices. We have had the inspiration, we have the time, we need only to expend unceasing energy to arrive at our goal.

"Reflective thinking" is a difficult phrase to discuss, for mind-reading is beyond the ken of ordinary human beings. However, I feel that any results that I have mentioned heretofore are directly due to one or more persons deliberately thinking through an idea. In the rush of our professional life there is little time *given* to us to follow through our thoughts, but a real enthusiasm is demonstrated by any who *make* time.

Not a little of the success of our venture was due to a small but potent publication which is available to all. At the time when this course in leadership was first suggested, we had no knowledge of the possibility of the Supplement to the Proposed Curriculum being written directly along the lines in which we were so interested. However, its timely publication and the able interpretation to us by one best qualified to do so, gave us an inspiration and an understanding which we might otherwise have missed.

AN INSTITUTE ON NURSING EDUCATION

An institute on nursing education, under the auspices of the Committee on Nursing, Ontario Conference, Catholic Hospital Association, was held recently at St. Joseph's School of Nursing, London. The phases of clinical teaching and supervision were ably conducted by Sister M. Aniceta, S.S.M., M.S., R.N., Associate Dean and instructor in supervision of nursing service, St. Louis University School of Nursing, St. Louis, Mo. Demonstrations of the morning circle and the ward clinic were carried out on one of the hospital wards. The whole program was enthusiastically received, the lectures being most interesting and very practical. Sister M. Henrietta, S.S.M., M.A., R.N., associate professor of nursing education in St. Louis University School of Nursing, gave some excellent instruction in the guidance of student nurses. Forty-three Sisters from schools of nursing in different parts of Ontario attended. All agreed that the institute will be of much assistance to them in the organization of ward teaching.

STUDENT NURSES PAGE

We Like the Eight-Hour Day

MARGARET STEWART, B.Sc.

Student Nurse

School of Nursing, St. Eugene Hospital, Cranbrook, B. C.

Much has been written and more has been said about the feasibility of an eight-hour day for both graduate and student nurses, but few hospitals and schools of nursing have established such a routine, despite the fact that with the demands for better nursing care have come demands for shorter hours and consideration of an eight-hour day. In December, 1938, St. Eugene School of Nursing started a practical experiment and set up a new hospital routine with three shifts of eight-hour duty. "The old order changeth, yielding place to new", for in place of the seven-to-seven shift, with three hours off, the hours of duty were changed to three shifts of 7 a.m. to 3 p.m.; 3 p.m. to 11 p.m.; 11 p.m. to 7 a.m.; plus a "split shift" of 6 a.m. to 10 a.m. and 3 p.m. to 7 p.m. This was a radical change from the old routine and its success depended on the co-operation of each nurse. That December made history for our school, since in that month it was proved to us that the eight-hour day was not only possible but an established fact.

The St. Eugene Hospital, founded in 1912, has a capacity of one hundred beds, with an average bed occupancy of eighty per cent. There are two floors for patients and one for administrative offices, X-ray, laboratory, and diet kitchen, besides the chapel and community room for the Sisters. The nursing staff consists of four head nurses, and twenty-eight student nurses. Of the twenty-four capped students, two are affiliated in successive periods with Tranquille Sanatorium, and one with the Provincial Mental Hospital at Essondale. The rest of the students are on three straight eight-hour shifts of duty, excepting two who are on the "split shift". Instead of the free afternoon each week, every nurse, student and graduate, is given a day off every two weeks, with the privilege of designating the day she wishes. A nurse replaces those who are off duty so that at no time is a floor left short-staffed.

Classes are held from two to four in the afternoon, and lectures are so arranged as not to conflict with the eight-hour day. During this year there have been fewer nurses ill and off duty, and more time for studies and recreation. The first year of our experiment has passed and it is safe to say that members of the staff and the school prefer this routine to any other. The patients also prefer it, as they receive more constant and thorough attention

because each nurse is there for eight hours and can devote all her time on duty to her work. The students have sufficient time to actually secure good nursing practice and to feel that personal satisfaction which accompanies any work which is well done.

As students, we feel that in this year another chapter of progress has been added to the history of St. Eugene Hospital and School of Nursing, of which we may well be proud.

Royal Alexandra Choral Club

CONSTANCE CLEMENS

Student Nurse
School of Nursing, Royal Alexandra Hospital, Edmonton

During the past two years, graduates and students of the School of Nursing of the Royal Alexandra Hospital, Edmonton, have derived much pleasure and profit from their very active Choral Club. The founder recognized a long-felt need in student life for some broadening "outside" influence and we are glad to pass on a few facts as to our organization and activities to other students who might be interested.

Our club was first formed in October 1938, under the leadership of Mr. Vernon Barford. The membership was thirty-two and practices were held weekly. The only public appearances of that year were carol singing at Christmas throughout the Hospital, and our choral offerings at the graduation exercises, but we gained much enjoyment and knowledge in weekly practices. Our organization has a president, vice-president, and secretary-treasurer. The monthly fee is twenty-five cents, which in addition to a small grant from the Student Government Association serves to pay for the services of our conductor and to supply the music. Many charming arrangements for female voices are obtainable.

Meetings were suspended during the summer, but in the fall the Club met again with an increased membership of forty-one under the leadership of Mr. G. A. Kevan. Feeling more confident, we ventured further afield. Besides carol singing and our part in the graduation exercises, we sang over radio station C.K.U.A., and took part in the Musical Festival. We have been asked to sing at a special service for nurses at a local church, and we have hopes of putting on an operetta as well.

Miss Margaret S. Fraser, our superintendent, has given her kind encouragement and assistance to our enterprise; she and other members of the staff thoughtfully provided refreshments on special occasions. The last practice of this season ended with a pleasant social hour with Mr. and Mrs Kevan as guests of honour. We wish you could come with us some night—scurrying off duty from all corners in the hospital to sing with true Spanish zest "La Spagnola" or some other favourite. I'm sure you'd enjoy it—we do!

Obituaries

SARAH HEANEY, for many years a member of the nursing staff of the Shaughnessy Military Hospital, Vancouver, died recently as the result of an accident. Miss Heaney was a graduate of the School of Nursing of the Royal Jubilee Hospital, Victoria, and a member of the Class of 1901. She served overseas from 1914 to 1918 as a Nursing Sister during the Great War, and will be greatly missed by her soldier patients to whom she rendered devoted service.

Sister Heaney saw active service in Salonica, and later was assistant to Matron Pope at No. 2 Stationary Hospital in France. In recognition of her outstanding service she received the decoration of the Royal Red Cross from His late Majesty, King George V. It is fitting that her last resting place should be in the returned soldiers plot.

MRS. J. A. JOHNSTON (A. Mary Roberts) died recently at Smiths Falls, Ontario. She was a graduate of the School of Nursing of the Toronto General Hospital, and a member of the Class of 1901. Prior to her marriage she served as a school nurse in Toronto for several years.

LILLIAN B. MOORE died recently in La Jolla, California. Miss Moore was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1902. For some years prior to her retirement, she served as assistant superintendent of nurses in the Good Samaritan Hospital in Los Angeles.

DR. MAUDE ABBOTT

In paying tribute to the memory of Dr. Maude Abbott, one feels that over a period of many years of the closest association, nurses and nursing touched her deeply. It was in the Spring of 1916 that Dr. Abbott delivered the valedictory address to the graduating class of the School of Nursing of the Royal Victoria Hospital. At that time she stressed the fact that the history of nursing should form an integral part of the curriculum of every school of nursing. In 1917, at the invitation of Miss Mabel F. Hersey, then superintendent of nurses, an initial elementary course of eight lectures was given to the senior class by Dr. Abbott. This series, perhaps her most valuable contribution to nursing education, is dedicated to the memory of Sir William Osler. These lectures were richly illustrated by lantern slides made by Dr. Abbott herself.

Dr. Abbott had a keen appreciation of the difficulties and vicissitudes of nursing and once said to a group of nurses, "Your training has equipped you nobly for advance, for in its discipline you have learned the secret of success". She was a patient at the R.V.H. on more than one occasion, and so had ample opportunity to judge the virtues and the failings of those of us who had the privilege of caring for her. In later years it was always a happy interlude in the morning's work when she arrived at the office of the School of Nursing, stethoscope in hand, ready for medical staff rounds. Those who knew her intimately in this informal way will remember her delightful sense of humour. She will be missed, but there will remain the memory of a great personality. *Grace R. Martin.*

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BOOK REVIEWS

THE CARE OF POLIOMYELITIS, by Jessie L. Stevenson, A.B., R.N., Consultant in Orthopedic Nursing to the National Organization for Public Health Nursing. Illustrated. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $2.75.

This book has grown out of the author's experience in the orthopedic division of the Visiting Nurse Association of Chicago, and would be particularly helpful to public health nurses in the field who are responsible for supervising the care which the family gives the sufferer of poliomyelitis in the absence of the nurse. Many of the instructions are applicable to other types of crippling conditions as well as to poliomyelitis. The book is full of practical examples of how to give nursing care and emphasizes important teaching points.

PRINCIPLES OF ORTHOPEDIC SURGERY, by James Warren Sever, M.D., Orthopedic Surgeon, Children's Hospital, Boston. Third edition, completely revised. 410 pages. Illustrated. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $3.60.

Because there are relatively few orthopedic cases in general hospitals, student nurses do not get sufficient opportunity of observing them at first hand. Unfortunately it is also true that not all students receive adequate experience in pediatric nursing. It is, therefore, all the more desirable that by means of a suitable textbook they should acquire at least a fundamental knowledge of accepted methods of orthopedic treatment. In his excellent treatise Dr. Sever has made extensive use of illustrations which give a clear idea of the various types of deformity and of the measures taken to correct them. While not a nursing textbook in the ordinary sense of the word, many references are made to nursing care. The methods described are those in use in the Children's Hospital in Boston and are, therefore, excellent. Special chapters are devoted to the social and economic aspects of the disease, to its treatment by means of physiotherapy, and to the various corrective appliances.

NURSING CARE STUDIES, by Deborah MacLurg Jensen, R.N., B.S., Lecturer in Nursing Education, Washington University, St. Louis, Mo. Third Edition of Student's Handbook on Nursing Case Studies. 197 pages. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $2.00.

Considerable stress is now laid upon nursing the patient "as a whole". The so-called efficiency method gave the nurse little opportunity to assume full responsibility for the individual patient, nor had the patient the comforting assurance that "his" nurse really belonged to him. The preparation of nursing care studies does help to develop a sense of personal responsibility, but many students find it difficult to select and arrange their material. Miss Jensen's book will be most useful to instructors and supervisors and the students themselves will find the chapters on collecting and analyzing data are worthy of close attention. An appendix intended for the use of supervisors gives valuable hints to those who are not familiar with this method of teaching.

MAKERS OF NURSING HISTORY, edited by Meta Rutter Pennock. New and revised edition. 142 pages. Illustrated. Published by the Lakeside Publishing Company, New York City.

This book contains portraits and pen sketches of one hundred and nine prominent women who have helped to make nursing history. Most of them are nurses and many of them are Canadians. Interesting comment is made concerning the professional careers of Miss Grace M. Fairley and Miss Elizabeth Smellie. A fine tribute to Miss Bertha Harmer is contributed by Miss Goodrich. Other sketches deal with such outstanding Canadian figures as Mary Agnes Snively and Flora Madeline Shaw. Unfortunately the book has no index, and there are more minor errors than should occur in a work of reference. Apart from these defects, which will doubtless be corrected in future editions, the book affords an interesting glimpse of many strong and vivid personalities.

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McGill University, Montreal.

REGISTRATION OF NURSES
Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held on November 21st and 22nd.

Application forms, information regarding subjects of examination and general information relating thereto may be had upon written application to:

ALEXANDRA M. MUNN, Reg. N.,
Parliament Buildings, Toronto

NEWS NOTES

ALBERTA

LETHBRIDGE:

A banquet opened the season for the nurses of District 8. Several nurses from out-of-town attended, and the honour guest was Mrs. E. Kipp, formerly Miss Bertha Clarke, who was presented with a gift from the Association in honour of her marriage. Miss F. Harvey was introduced and welcomed to the Association. The Norlanders male quartette entertained the Association with several musical numbers.

Miss Frances A. Harvey (Calgary General Hospital) has accepted the position of superintendent of nurses at the Galt Hospital, Lethbridge. Miss Harvey comes to this district with a store of knowledge gathered from her contact with the many hospitals where she has worked. After taking a post-graduate course at the Royal Victoria Hospital, Montreal, in obstetrics and gynaecology, she served as night supervisor of the Women's Pavilion. The fact that she spent several years as supervisor of the operating room at the Calgary General Hospital proves her ability in this field. The Association is very pleased to have Miss Harvey as a member and wish her all success.

Miss Agnes Short (Calgary General Hospital) has accepted a position as supervisor in the Galt Hospital, Lethbridge. The following nurses have accepted positions at St. Michael's Hospital: Miss K. Hargrud (St. Paul's Hospital, Saskatoon); Miss M. Bracklock (Holy Cross Hospital, Calgary); Miss B. Forsythe (Holy Cross Hospital, Calgary).

Married: Recently, Miss Lois G. Johnson (Galt Hospital) to Mr. Cecil N. Burns.

Married: Recently, Miss Agnes Slater (Galt Hospital, 1932) to Mr. George Cook.

Married: Recently, Miss Mary Caldwell (Galt Hospital) to Mr. Robert Rae.

Married: Recently, Miss Ruth Westbrook (Galt Hospital) to Lance Corp. L. Williams.

Married: Recently, Miss Euphemia H. Gardner (Galt Hospital) to Mr. Albert H. Collier.

Calgary General Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of Calgary General Hospital: Honourary president, Miss S. Macdonald; president, Mrs. T. L. O'Keefe; first vice-president, Mrs. A. E. Warrington; second vice-president, Mrs. H. Buckmaster; secretary, Miss M. Frew; corresponding secretary, Miss E. Swift; treasurer, Miss M. Carlson; press correspondent, Mrs. L. McPhee.

BRITISH COLUMBIA

VANCOUVER:

At the recent examinations held for the title of "Registered Nurse" in four centres of British Columbia, 140 nurses wrote either full or partial papers.

Miss Heather Kilpatrick, B.Sc., R.N., has been appointed Provincial Supervisor of Public Health Nursing. Miss Kilpatrick graduated from the University of British Columbia in 1931, was in charge of the Health Centre at Duncan, B. C. for a numberof years, and has recently returned from taking post-graduate work at the University of Toronto.

NELSON:

The annual dinner of the Registered Nurses Association of Nelson took the form of a district gathering, nurses from Trail, Rossland, Creston, Kaslo, New Denver, Nakusp, and Grand Forks being invited to attend. Miss Margaret Duffield of Vancouver, president of the R.N.A.B.C., and Mrs. Edith Pringle of Vancouver, assistant to Inspector of Hospitals for B.C., addressed the meeting on districts and chapters. The Association voted $50 toward the purchase of War Savings Certificates.

Married: Recently, Miss Gabrielle Audrey Pontifex (Royal Columbian Hospital) to Mr. Walter Remington Devereux.

Married: Recently, Miss Beatrice Elizabeth Richmond (St. Paul's Hospital) to Mr. T. Crawford Melville.

Married: Recently, Miss Annie S. McGregor (V.G.H.) to Mr. R. G. Allaway.

Married: Recently, Miss Jean Walker Rosevear (Royal Jubilee Hospital) to Mr. Victor Sudlow.

Married: Recently, Miss Edna V. Anderson (Royal Jubilee Hospital) to Mr. David Pite.

Married: Recently, Miss Leila P. Downing (Royal Jubilee Hospital) to Mr. Roland Banyard.

Married: Recently, Miss Bertha M. Lind (Royal Jubilee Hospital) to Dr. J. B. Roberts.

Married: Recently, Miss Louise Nagle (St. Paul's Hospital) to Pilot Nelson Norquist.

Married: Recently, Miss Margaret McDowell (Royal Inland Hospital, Kamloops) to Mr. Roland Thompson.

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* *Am. J. Digest. Dis. & Nutrition, 6:248*
† *J. Am. Dietet. A. 10:29*

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Married: Recently, Miss Kathleen Evelyn Schmidt (St. Paul's Hospital) to Mr. William James McEwan.

Married: Recently, Miss Moray McKinnon (V.G.H.) to Mr. Oscar Gfroerer.

Married: Recently, Miss Audrey Richardson (Kootenay Lake General Hospital) to Mr. Lawrence Simpson.

Married: Recently, Miss Catherine Isobel Ferguson (Royal Jubilee Hospital) to Dr. Burtt Talmadge Dunham.

Married: Recently, Miss Gladys Malcolm (Royal Inland Hospital, Kamloops) to Serg.-Major Gordon Brown.

Married: Recently, Miss Ella Fast (Royal Jubilee Hospital) to Mr. Wm. Yardley.

MANITOBA

BRANDON:

A recent meeting of the Brandon Graduate Nurses Association was held at the General Hospital. A large attendance was in evidence and a successful year is anticipated. Our guest speaker for the evening was Mrs. Brace, Sister and Camp Mother at Military Camp Shilo, whose address entitled, "Three Cheers for the Women", was most inspiring. A cheque for $20 was given to the Red Cross for the completion of layettes which are needed overseas.

Mrs. T. E. Lane was given a membership in the Association for her valued work during the past year as convener at the Red Cross Headquarters in Brandon. Mrs. Long and Mrs. Cuffe are in charge of the home nursing classes sponsored by the St. John's Ambulance Association. Miss Margaret Gemmell was appointed vice-president to fill the position vacated by Mrs. J. Sills who has left to reside in Neepawa.

An honour roll of graduate nurses is in use here whereby nurses may register for service in case of emergency arising in Brandon, and an encouraging enrolment has already taken place.

NEW BRUNSWICK

ST. STEPHEN:

The members of the St. Stephen branch of the N.B.A.R.N., held a picnic at Miss Clara Boyd's cottage, Oak Bay, in honour of Miss Hazel Darker who has since left for her home in Quebec. Miss Darker was presented with a silver water pitcher by Miss Florence Cunningham, on behalf of the nurses.

The members of the Chipman Memorial Hospital Alumnae Association entertained the graduating classes of 1939 and 1940 at dinner, previous to their graduation. Mrs. Merle Gibson, president of the Alumnae Association, presented the Alumnae Prize to Miss Annie Wanamaker.

The graduating classes were addressed by

Dr. H. S. Everett at the Ganong School, and the diplomas presented by Hon. G. H. I. Cockburn, and the class pins by Miss Reta Foilis, superintendent, Chipman Memorial Hospital. An interesting program was arranged at the school and a reception and dance followed.

Miss Jessie Murray, V. O. N., has resigned as public health nurse of St. Stephen and Milltown and has accepted a position as matron of Lonicera Hall.

At the annual meeting of the N.B.A.R.N. held recently in Moncton, Misses Mabel McMullen, Myrtle Dunbar, Nellie Spinney, Nellie Lyons, and Gertrude McCulloch, represented the local chapter. The Registered Nurses held a successful dance for funds to fulfill their pledge to war work.

MONCTON:

The monthly meeting of the Moncton Chapter, N.B.A.R.N., was held at the Moncton Hospital, with the president, Miss Hillyard, in the chair. Miss Hillyard read an interesting report about the annual meeting. The nurses made and donated a box of clothing consisting of sweaters, skirts, etc., to the Red Cross to be shipped for refugee children.

ONTARIO

DISTRICTS 2 AND 3

WALKERTON:

The annual meeting of Districts 2 and 3 R.N.A.O., was held recently in Walkerton, with 120 nurses and guests present. The meeting was conducted in informal picnic style, and the weather was ideal. Dr. J. H. Pilkie, of Hanover, spoke on our responsibility in a changing world. Sympathy was expressed for the victims of air raids in London, and the meeting voted that $75.00 be sent to the Fund for their relief. Although this sum was all we could afford from the treasury, the nurses present did not feel that this was sufficient. Hence the "hat was passed", and $34.68 was collected, making a total of $109.68 to be forwarded.

The following officers were elected to serve during the coming year: Chairman, Miss F. W. Ashplant, Kitchener; first vice-chairman, Miss D. Arnold, Brantford; second vice-chairman, Miss V. Winterholt, Kitchener; private duty, Miss Florence McKenzie; nursing education, Miss J. Watson; public health, Miss M. Hackett; councillors: Misses E. Clark, E. Eby, H. Tregear, L. Trusdale, G. Larmon, Mrs. Young.

Miss Ethel Croft has been transferred from the Kitchener branch to the Brockville branch of the Victorian Order of Nurses. Miss Vera Bruegeman has been admitted to the Kitchener branch after completing her course in public health at the University of Western Ontario.

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District 5

Alliston:

The Fall Meeting of District 5, R.N.A.O., was held recently in Alliston with an approximate attendance of 110. The nurses were welcomed by Miss Campbell, superintendent of nurses, Stevenson Memorial Hospital, and were conducted through the hospital. This institution, I believe, is the best equipped and most up-to-date small hospital on the continent, and the people of Alliston are justly proud of it. The tour ended in the residence where we were served a delicious tea. Supper, a very bounteous one, was served by the Women's Auxiliary of the United Church.

The evening meeting opened with the Invocation pronounced by the Rev. Mr. Dorian, Minister of the United Church. His Worship, Mayor Cunningham, brought greetings from the town. Reports were received from the Sections and Chapters, and from the conveners of the special committee. The membership committee reported that our numbers have now reached 1566, an increase of 100 over last year. As our bank balance is more than it has been for some time, it was decided to buy two War Loan Bonds.

When the R.N.A.O. was organized and the districts formed, the Toronto Chapter of the Graduate Nurses Association of Ontario passed over to District 5, in 1926, the sum of two hundred dollars. As one becomes more closely interested in this professional group, one is constantly impressed with the fact that there were pioneer nurses who built well; who laid sound foundations for this professional organization which our generation may enjoy and serve. It has been thought for some time that we who are active in service might in some way show our gratitude to these nurses, now retired from duty, and to whom, with leisure time, has come the need of new interests. At an executive meeting held in January 1940, a discussion developed following a brief review of the sources of funds in the district treasury, other than from members fees, and reference was made to this group of nurses whose efforts in the beginning helped to make possible the privileges we now enjoy, and who at that time contributed the sum which provided a nucleus to our funds. A number of these nurses are still living within our district and are associating themselves with the Second Mile Club. The executive felt that this might be a means through which we might now be able to do something in tribute to these veteran nurses. It has recently been learned that the formation of a committee of retired nurses is being contemplated with the prospect of doing certain special work which can

better be done by women with nursing experience.

For some years our annual balance showed that this nucleus was gradually becoming less and that this district was not living within its income. However, membership has increased to the present number of 1,566 and we find ourselves to-day with a very satisfactory bank balance. Other nurses have served their generation well; we too would like to carry on and serve our generation well. We, therefore, submit this report to this general meeting with the following recommendation — "That the sum of $200.00 be paid to the Second Mile Club, to be used by the nurses' committee in the promotion of its community service". This recommendation was adopted.

At the conclusion of the business meeting, Mrs. Aitken, Director of Women's Activities of the Canadian National Exhibition, gave a very delightful address, depicting some of her experiences in connection with the workings of this vast organization.

Toronto:

In June 1940, a special committee was organized for local work only, to be known as "The War Activities Committee for Home and Emergency Service". It was given standing in District 5 at its own request. At the time of organization it was thought that its experience could be made available later, if desired elsewhere. The purpose was twofold (a) to zone the area (i.e. Toronto), and to ascertain the number and quality of the nurses; (b) to provide any desired teaching to prepare these nurses for emergency work. Later it was learned that the Ontario Department of Health was collecting the above mentioned information on a province-wide basis. Teaching resolved itself into two subjects which were (a) emergency or first aid nursing care and (b) some preparation to share in air raid work, commonly called "A.R.P."

In July, a series of six one-hour lectures was given by Dr. Harold Couch on practical topics proposed by the nurses such as haemorrhage, burns, transportation of wounded, followed by a demonstration on resuscitation by Mr. Wells McLaughlin. The lecturer was paid $5.00 an hour, each nurse paying fifty cents for the lectures.

Arrangements will be made, if necessary, with a number of instructors in various parts of the city to meet the demand within a short period of time. A first step is being taken in having a group of nurses enrolled in an instructor's course, which is to be given immediately under the St. John's Ambulance Brigade.

Orillia:

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the Alumnae Association of Orillia Soldiers' Memorial Hospital, Orillia:
Honourary presidents, Miss E. Johnston, Miss O. Waterman; president, Mrs. H. H. Burnet; vice-presidents, Mrs. H. Hannaford, Miss Buie; treasurer, Miss L. MacKenzie; secretary, Miss M. Payne; directors: Miss S. Dudenhoffer, Miss M. MacLelland, Miss G. Adams; auditors: Miss M. Payne, Miss G. Adams.

DISTRICT 6

BELLEVILLE:

Miss Muriel Thompson has resigned from the staff of the Belleville Hospital to attend the University of Toronto. Miss Eva Meeks has returned to the Belleville Hospital after completing her post-graduate course in surgery at the Graduate Hospital, Philadelphia. Miss Grace Donnelly is taking a post-graduate course in surgery at the Post-Graduate Hospital, New York. Miss D. Riddell has joined the staff as instructor at the Belleville Hospital.

The Belleville General Hospital Alumnae Association recently held their first meeting of the season with Miss Rita Fitzgerald presiding. Ways and means of making money were discussed and Red Cross work was done while the meeting was in progress.

PETERBOROUGH:

The regular monthly meeting of Chapter C, District 6, R.N.A.O., was held recently at Nicholls Hospital. Mrs. Hill, first vice-president, took charge of the meeting, and Mrs. Leeson brought to the attention of the nurses that they might still enrol for service. At the November meeting, the staff of Nicholls Hospital are to put on a skit entitled "Nurses' Community Registration". Mrs. Hill was asked to fill the office of president left vacant by the acceptance of Mrs. Rundle's resignation. Dr. Chenoweth was the speaker of the evening and his talk on phlebitis and the recent use of Heparin was very instructive. A social hour was much enjoyed.

DISTRICT 8

OTTAWA:

Ottawa Civic Hospital:

Miss Helen Gill (V.G.H.) of the social service department, and Miss Mary L. Luton of the out-patient department, have been appointed Nursing Sisters with the R. C. A. M. C. at Kingston. Miss Dorothy Richardson is stationed at Porter's Island. Misses Bessie Jackson, K. G. McLean, Eileen Bretzlaff, and Dorothy Campbell are attending the School for Graduate Nurses, McGill University.

Married: Recently, Miss Freda Robinson (O.C.H., 1927) to Mr. Melvin Scott.
Married: Recently, Miss Edith Mulligan (O.C.H., 1933) to Mr. Grant Marshall.
Married: Recently, Miss Viola Tugman (O.C.H., 1933) to Mr. Earl Chamberlain.
Married: Recently, Miss Eva Morton (O.C.H., 1935) to Mr. Russell Hicks.
Married: Recently, Miss Mabel Tweed (O.C.H., 1935) to Rev. Robert Turley.
Married: Recently, Miss Grace Alexander (O.C.H., 1936) to Mr. Franklyn Neumann.
Married: Recently, Miss Alberta Gough (O.C.H., 1937) to Mr. Colin M. Thomson.
Married: Recently, Miss Lillian McCormick (O.C.H., 1938) to Mr. Paul Sprinkler.
Married: Recently, Miss Amelia Keyfitz (O.C.H., 1938) to Mr. Max Holtman.

District 9

North Bay:

The sixteenth annual meeting of District 9, R.N.A.O., was held at St. Joseph's Hospital on September 21, with the chairman, Miss Jean Smith, presiding. Members from Sault Ste. Marie, Kirkland Lake, Sudbury, New Liskeard, and Gravenhurst, including Chapter representatives, attended. The Rev. Father Adams gave the Invocation, and greetings were extended by the Mayor of the City. Miss Johnston welcomed the visiting nurses on behalf of the North Bay Chapter. Reports of chapters and sections showed growth and development and the financial affairs of the district are satisfactory. A marked increase of membership was noted; over half the nurses registered in the district are members of the R.N.A.O. The executive committee and delegates were guests of the local chapter for lunch at Lakeview Inn overlooking Lake Nipissing. During the afternoon session, Dr. W. S. Butler addressed the nurses on cancer, the causative agents, preventive measures, and treatments.

The District was privileged to have the president of the R.N.A.O., Miss Jean Church, present at all sessions. In her gracious and inimitable manner she portrayed the highlights of the biennial meeting of the Canadian Nurses Association and, at the dinner meeting, addressed the assembly on the Registered Nurses Association of Ontario, and its relation to the individual nurse. It is to be regretted that distance prevented more of our members from hearing Miss Church's able discourse.

Regret was expressed at the resignation of Miss H. Elizabeth Smith who has given her services to the District Executive so whole-heartedly for the past six years. Following the afternoon session a delicious tea was provided by the Rev. Sisters of St. Joseph. A banquet was held in the evening

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Superintendent of Nurses,
Payzant Memorial Hospital,
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WANTED

An Instructor of Nursing for the Toronto East General Hospital. Duties to commence on December 1, 1940. Applications stating age, experience, references, and salary expected, should be addressed to:

Superintendent of Nurses,
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when we were entertained by local talent and speakers.

The officers and conveners for the coming year were elected as follows: Chairman, Miss Jean Smith, Gravenhurst; first vice-chairman, Miss Katherine MacKenzie, North Bay; second vice-chairman, Miss Alice McGregor, Sault Ste. Marie; secretary, Miss Rossie Densmore, Sault Ste. Marie; treasurer, Miss Robena Buchanan, Sanitarium, P.O., Ont.; conveners of committees: public health, Miss H. Elizabeth Smith, New Liskeard; membership, Miss Adelaide McKnight, Sanitarium, P.O., Ont.; private duty, Miss Gertrude Johnston, North Bay; nurse education, Miss Aileen Riordan, Sudbury; national enrolment, Miss Sylvia Bird, Gravenhurst; nomination, Miss Mary Delaney, Sault Ste. Marie; *The Canadian Nurse*, Mrs. J. C. McCausland, North Bay.

A cordial invitation was accepted from Sault Ste. Marie where the next annual meeting will be held.

Miss Ruth Taylor, Victorian Order Nurse for several years, and an active member of the North Bay Chapter, leaves shortly for Hamilton to assume new duties. She was the recipient of an illustrated book,

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QUEBEC

MONTREAL:

Royal Victoria Hospital:

Miss Evelyn Eaton (R.V.H., 1921) is returning to South India after furlough. Miss Ethel Frances Murray (R.V.H., 1921) is serving with the Department of Health, Oakland, California. Miss Ethel Currie (R.V.H., 1921) is in charge of the anaesthetic department in a large Denver hospital. Miss Currie has had two articles on anaesthesia published in the Journal of the American Hospital Association. Miss Marion Jeans (R.V.H., 1932) is with the Civil Nursing Reserve, Westminster Unit, Basingstoke, England. Miss Audrey Lamb (R.V.H., 1932) is in charge of a Canadian Red Cross Outpost at Port Loring, Ont.

Married: Recently, Miss Dorothy Rice (R.V.H., 1936) to Mr. Ian Cameron Hume Storer.

Married: Recently, Miss Catherine Anderson (R.V.H., 1936) to Mr. Eldon Thomas.

Married: Recently, Miss Mary Madeline Bushell (R.V.H., 1931) to Captain Robert Hastwell Montgomery.

Montreal General Hospital:

Miss Barbara Baird (M.G.H., 1939) is doing general duty at Shriner's Hospital, Montreal. Miss A. B. Craig (M.G.H., 1939) has been taken on the staff of the Arvida Hospital, Arvida. Miss Margaret Wheeler (M.G.H., 1940) has accepted a position in the Tamiskaming Hospital, Tamiskaming. Miss Dorothy Barclay (M.G.H., 1940) and Miss Kinnear (M.G.H., 1940) are doing floor duty at the Western Division, M.G.H.

Married: Recently, Miss Margaret Talbot (M.G.H., 1937) to Mr. John C. Newman.

Married: Recently, Miss Dorothy Braithwaite (M.G.H., 1938) to Mr. Charles Motherwell.

St. Mary's Hospital:

The graduating exercises of the School of Nursing of St. Mary's Hospital were held recently when sixteen nurses received their diplomas. The president of the Board of Directors, Mr. J. A. Kennedy, presided. Greetings were brought from the Alumnae Association by the president, Miss E. McGovern. Rev. Father Alex Carter, chaplain of St. Mary's Hospital, was the guest speaker. Musical selections were rendered by the orchestra, St. Mary's choir, and by Miss A. Webb, a student nurse.

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The Alumnae Association recently held their annual dinner and dance in honour of the graduating class. The Hon. Marguerite Shaughnessy, as guest speaker, gave a brief explanation of the origin of the term "King's Wards". She also mentioned that she was particularly interested in St. Mary's Hospital because "she and St. Mary's were born in the same building." At the conclusion of her talk a cheque for $100 was presented to the speaker by Miss Patricia Owens as a donation from the Alumnae Association to the Canadian Red Cross Society.

Married: Recently, Miss Eileen Doyle (S.M.H., 1935) to Mr. Gerald Doyle.

Married: Recently, Miss Stella Witzell (S.M.H., 1937) to Mr. Leo Kennedy.

Married: Recently, Miss June Rich (S.M.H., 1938) to Mr. Lorne Latremoille.

Married: Recently, Miss Geraldine Page (S.M.H., 1939) to Mr. Gerald Lew.

Married: Recently, Miss Florence DeCourville (S.M.H., 1939) to Mr. Hubert St. Julien.

Children's Memorial Hospital:

Miss J. C. Cochrane (C.M.H., 1931) formerly operating room supervisor, has been appointed supervisor of the out-patient department. Miss Marion Robinson (C.M.H., 1933) has been appointed operating room supervisor. Miss Ruth Osborne (C.M.H., 1927) has resigned from the teaching staff to do private duty nursing.

Miss Louise Destromp (C.M.H., 1932) has been appointed surgical teaching supervisor. Miss Ethel Richardson (C.M.H., 1934) has been awarded the C.M.H. Scholarship for the public health course at the School for Graduate Nurses, McGill University. Miss Ruby Tinkiss (C.M.H., 1929) has been granted leave of absence for eight months in order to work with the Council for Overseas Children.

Miss I. B. Stewart (C.M.H., 1927) is doing war work at the Emergency Hospital, Lennox Castle, Lennoxtown, Scotland. Miss Vera Ford (C.M.H., 1928) has accepted a position on the staff of the Cornwall General Hospital.

Married: Recently, Miss Edith Fraser (C.M.H., 1931) to Mr. Ronald Folkins.

Woman's General Hospital:

Miss Claire Morrow (W.G.H., 1931) has returned from Timmins, Ontario, and is on the staff of the Jewish General Hospital. Miss Margaret Saunders (W.G.H., 1931) has a position with the Union Castle Line, sailing from England to various distant ports. Miss Hilda Field (W.G.H., 1932) is home after spending six months in St. Petersburg, Florida. Miss Nancy Keeping (W.G.H., 1935) is a stewardess on the Trans-Canada Air Lines. Miss Rita Burgher (W.G.H., 1931) is on the staff of the Montreal Children's Hospital.

Jeffrey Hale's Hospital:

Miss Ethel Johns was recently the guest of Miss Norena Mackenzie when a tea was given in her honour. Miss R. Christie has resigned from the staff, and has been replaced temporarily by Miss N. Martin as supervisor of the maternity department. Miss Belyea has also resigned from the staff, and has been replaced temporarily by Miss F. Ingraham.

Married: Recently, Miss R. Christie (J.H.H., 1936) to Mr. R. C. Woodard.

Married: Recently, Miss M. Cunningham (J.H.H., 1939) to Lieut. J. Hatch, C.A.S.F.

Married: Recently, Miss Bishop (J.H.H., 1939) to Mr. Bernard Sullivan.

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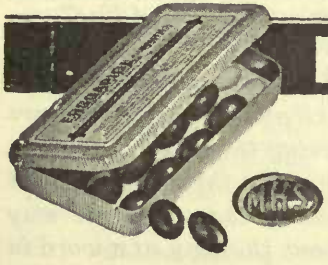

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Three times a day the mail comes in and a queer lot of flotsam and jetsam washes up on our untidy desk . . . Circulars of all shapes and sizes urge us to buy things we either don't want or can't afford . . .and yet we always look them over, just for fun . . . Yesterday the postman brought us a publisher's advance notice of "A Cosmological Phenomena Chart" . . . Right on the front page, in bold black type were the challenging words "You are a Brain Worker" . . . and though we weren't sure about the validity of this statement we didn't let the haunting doubt deter us from further exploration . . . It seems that the Cosmological Phenomena Chart can spot the cosmic phenomenon of your choice in the twinkling of an eye . . . If you are bogged down in your search for the right word, consult the alphabetical annotated index "and your pen will sway with certainty and power, seriously, fearfully, delightfully" . . . This is how our pen ought to sway but seldom does . . . If only we had the Chart there might be no blind groping for a synonym for "problem", a weasel word which crops up at least twice in any paragraph written by a nurse . . . No time would be wasted in looking out of the window at the pigeons, flying in widening circles over the roof tops . . . From now on, the Cosmological Chart would marshal our scattered phenomena with ease and precision . . . There was even a sample page which showed us how it worked . . . The key word was "disorder" and we were surprised to learn that "the related vocabulary is surpassingly rich and exhaustive, four hundred and twenty-five words, to be exact, supplemented by associate lists"... At first this estimate did seem a bit extravagant, but when we recalled our weekly tours of inspection in bedrooms occupied by nurses we were forced to admit it was probably conservative . . . especially if you were rash enough to open the cupboard doors and bureau drawers, or look under the bed... Just as we were getting into a receptive mood, the Cosmological Chart unhappily made an abrupt descent into crass commercialism . . . "Make Order your key word and not Disorder . . . Sign on the dotted line" . . . Our sales resistance stiffened . . . we wandered over to the window, and the announcement fluttered to the floor . . . The pigeons were still in full flight . . . Without any Cosmological Chart to guide them, they were taking cosmic phenomena as they came and weaving them into a pattern of beauty against the sky . . . After all, there were three things that even Solomon could not understand . . . and one of them was the way of a bird in the air . . . That is how we feel about the way of a word in the brain . . . It will not answer your call and no Cosmological Chart can find it for you ... It is only when you have ceased to search that it is suddenly there . . . almost within your reach . . . quick, elusive, subtle, and alive . . . E.J.

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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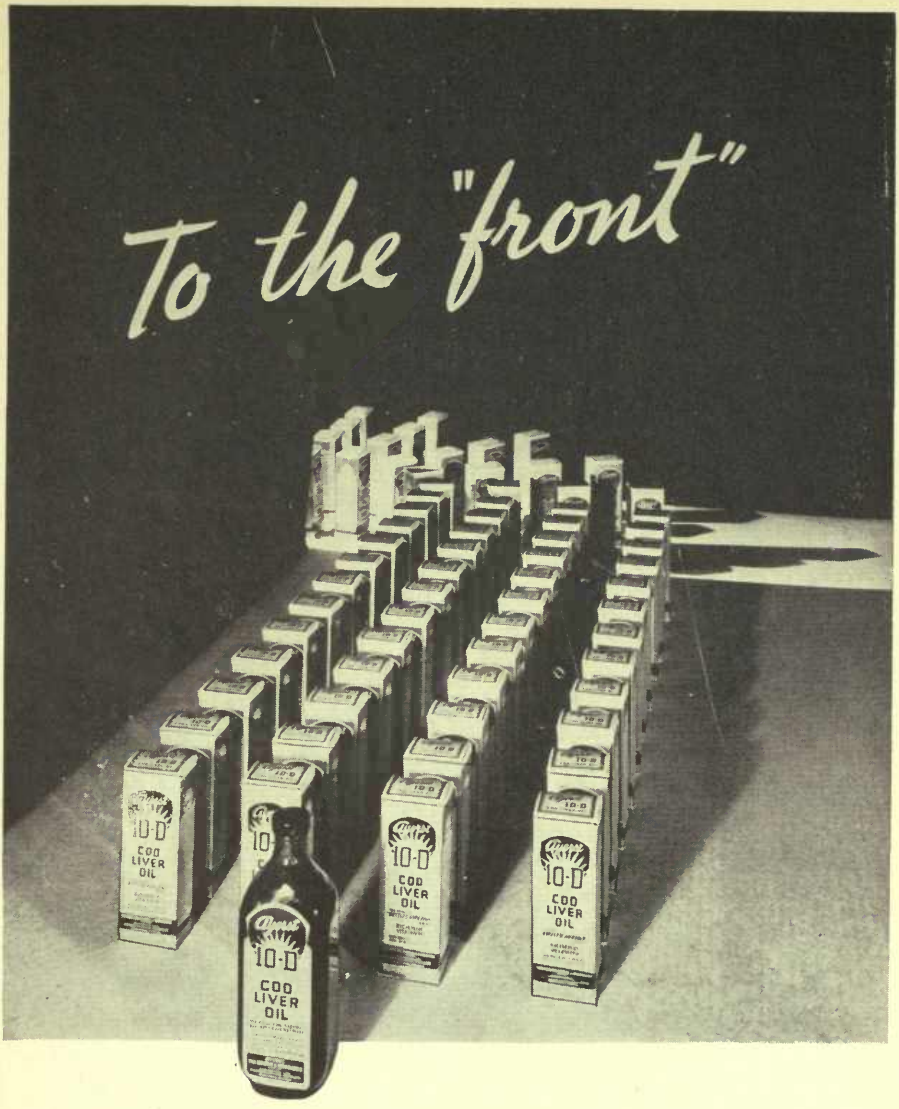

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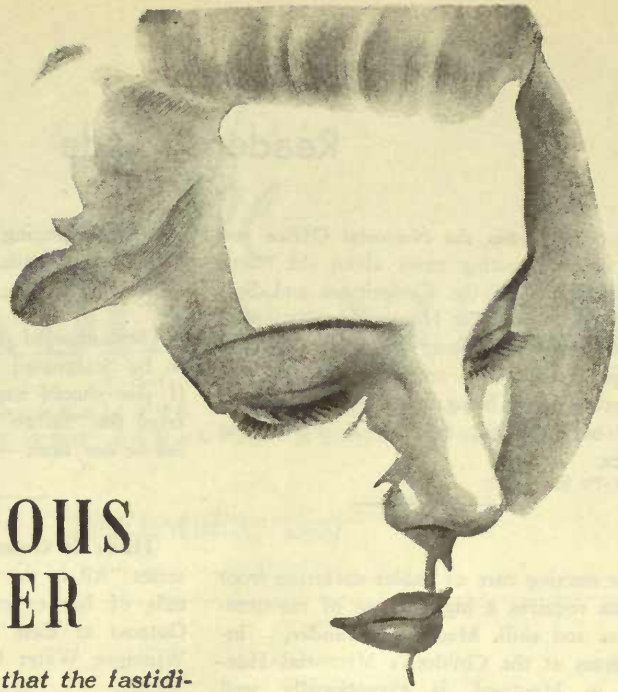

The

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Reader's Guide

In **Notes from the National Office** you will find interesting news about the manifold activities of the Committees and Sections of the Canadian Nurses Association. A comprehensive summary of what the Provincial Associations are doing shows that good progress is being made in the organization of first aid and A. R. P. nursing service.

The nursing care of babies suffering from eczema requires a high degree of resourcefulness and skill. **Madeleine Flander,** instructress at the Children's Memorial Hospital in Montreal, is exceptionally well qualified both by training and experience to discuss the management of these difficult cases. Incidentally, Miss Flander strongly believes in the value of bedside teaching and by implication, suggests a good approach to it.

There seems to be an impression abroad that young private duty nurses do not readily adjust themselves in private homes. **Kate McIlraith** gives some eminently practical suggestions for improvising equipment, and indicates methods by which student nurses may be taught to adjust hospital techniques to home environment. Miss McIlraith is district superintendent of the Ottawa branch of the Victorian Order of Nurses.

In 1939, **Mary E. Henderson** received a scholarship from the Canadian Nurses Association to enable her to take the courses offered in London under the auspices of the Florence Nightingale Memorial Foundation. Miss Henderson tells the story of an eventful and profitable year which had a stormy beginning in England but ended happily in Canada.

The author of **Blood for Britain** prefers to be designated only by her initials. But if you should happen to draw conclusions from the "tartan" she mentions that would not be our fault — or would it?

Hilda St. Germain continues her vivid series "All in the day's work" in which she tells of her experience in the Red Cross Outpost at East Braintree in the Greater Winnipeg Water District.

An interesting round table discussion took place at a recent meeting of the administrators section of the **Ontario Hospital Association,** and the chairman, Miss Priscilla Campbell, has kindly allowed the *Journal* to publish a summary of it. Miss Campbell is the administrator and superintendent of nurses in the Chatham General Public Hospital.

Under the caption of The Student Nurses Page, **Genevieve Matheson** tells us how a public health nurse gets "born". Miss Matheson is a student in the School of Nursing of the General Hospital, Port Arthur.

All through the years, the *Journal* has published news items about the activities of the Overseas Nursing Sisters Association and its local units. In future, the president of the Association, Miss Fanny Munroe and the secretary, Miss E. Frances Upton, are planning to incorporate these items in a **News Letter.** The first of what we hope will be a long line, may be found in this issue.

The
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DECEMBER, 1940

Goodwill Toward Men

From the top row of the amphitheatre of the McGill Medical School we watched Captain Proven, of the St. John Ambulance Brigade, demonstrating the use of gas masks. On the breast of his smart black tunic were many service ribbons, won during the first World War. Gas warfare is an old story to him—he has himself experienced it. In the front seats were the officers of the Association of Registered Nurses of the Province of Quebec, under whose auspices the course was arranged. There were over a hundred nurses in the class, most of them supervisors, and they came from every hospital in Montreal, large and small, English and French. There were many nuns in their black or grey habits and white coifs. The Victorian Order and the Metropolitan Nursing Service were out in force, and so were the child welfare organizations and the public health nurses of the city health department.

The grave intent faces looked down at the row of gas masks, carefully ranged on the long table, while the instructor described the effects of phosgene, mustard gas, and lewisite. Presently he picked up a cylinder and, as he released the valve, a pungent white vapour floated out into the room. "Some of the visible kinds look like that," he said quietly, "you don't see the others, you just feel them." Then the various kinds of gas masks were displayed, and while striving to be scrupulously fair, the instructor did seem to prefer the British mask as compared with the American. "It may be a bit clumsy," said he, fingering it affectionately, "but it is very dependable. Even the Germans like to get hold of one". Volunteers went up to the platform to help demonstrate the methods of adjustment. "After you hear the 'alert' you may not have much time to lose. Push your chin well in, first. Be careful not to pull the harness out of place at the back. Never mind your hair, nobody looks nice in a gas

mask." It was significant that no one smiled. Everyone was in dead earnest. This was war. We had better get ready for it.

And this is precisely what we are striving to do. In every Province in Canada, nurses are attending first aid and A.R.P. classes just as they do in Montreal. At first sight, the actual procedures seemed deceptively easy—until we remembered that they would have to be carried on under stress and in a terrifying environment. We began to realize that disaster is not a medical emergency, pure and simple, but may be on so vast a scale that the community will be obliged to summon all its protective forces. Police, firemen, the Red Cross Society, and the St. John Ambulance will be called into action and, unless we understand the function of each and every group, we cannot effectively fulfil our own.

Here then is the new and different warfare to which we are called. A warfare which seeks not to kill, but to make alive, not to destroy but to heal. Even in 1940, the Christmas message has not lost all its meaning. Peace on earth may seem little more than a dream, but goodwill toward men is still a living reality.

— E.J.

In Memory of Edith Cavell

Nurses in every part of the Empire will gratefully and affectionately pay homage to the memory of Edith Cavell, who, twenty-five years ago, was shot by the German military authorities for aiding British soldiers and prisoners during the early days of the first Great War. Miss Cavell was an English woman, trained at the London Hospital, and was invited by Dr. Depage of Brussels to take charge of a hospital there which he had organized. It was while Miss Cavell was matron of that institution that the opportunity came to serve her Country, and she seized that opportunity.

She was an outstanding nurse and a great woman. Her contribution to nursing was recognized both in England and Belgium. Those who knew her admired her for her quiet but forceful personality, and those who read her life realize what manner of woman this was who so willingly gave her life for her country. Canada honoured her by giving her name to one of its grand Rocky Mountain peaks, Mount Edith Cavell. Could a finer tribute have been paid? These great mountain peaks have stood the test of time and in their grandeur and beauty are such a challenge to man.

Memorials have been built to her, but not well enough are her last words remembered—"I realize that patriotism is not enough. I must have no hatred or bitterness toward anyone". Was her sacrifice in vain? Surely not, although in these war-torn days, one does ask such questions. Twenty-five years have passed since then, and the members of the Canadian Nurses Association renew their pledge of gratitude on this anniversary day to the memory of a great nurse—to the everlasting memory of Edith Cavell.

Editor's Note: This article is the text of a radio address delivered by the President of the Canadian Nurses Association, Miss Grace M. Fairley, on the anniversary of the death of Edith Cavell.

The Nursing Care of Eczema in Babies

MADELEINE FLANDER

There is one day during my post-graduate course in pediatric nursing that I shall always remember vividly. The teaching supervisor came along one afternoon and told me that a baby suffering from eczema was coming up from the skin clinic and that she would return in a few minutes to tell me what to do with him. "In the meantime," said she, "keep him from scratching". In a few minutes Johnny B., a fat, well-nourished baby about fourteen months old appeared. I put him in his crib and stood back and looked at him. He was a picture of complete misery. Face and scalp were covered with thick, yellow crusts, with here and there a raw, bleeding surface where finger nails had reached their mark. Crying lustily, and too concerned about this new experience even to scratch, he walked to the foot of the crib and stood peering through the bars at me. "Poor, little thing", I thought, " how completely uncomfortable he must be".

I carried my baby around the ward on a tour of inspection, picking up a few brightly coloured blocks and a red rubber ball which he himself reached for and hugged tightly. We played for a few minutes and gradually he stopped crying although I could see that he was still concerned over the strangeness of his surroundings. But he had found something that was familiar, namely his blocks and ball, and was not feeling too badly.

As soon as Miss S. arrived I put my charge back in his crib. We found that the head and face were much worse than any other part of the body. There were a few patches of dry, scaly, skin on arms and legs but these areas did not seem irritable. Later on I found that a tendency to severity about the head and face is characteristic of eczema in babies. "Now let us see what good nursing will do," said Miss S , "I think you will enjoy this experience. Johnny will be happy and well before long, and you will have played an important part in making him so." Then she mentioned the important points in the nursing care of eczema in children: (1) crusts must always be removed; (2) the skin must be kept clean; (3) irritation of the skin must be avoided by preventing scratching, over-heating, pressure of clothing, and other forms of friction.

There are several ways to remove crusts—a bath, oil, boracic compresses, and starch poultices. In this case, the attending physician preferred starch poultices, so these were chosen. They remain moist for some time and soften the crusts so that they come off easily. Our first responsibility was to bathe the baby, clip his hair, and apply the poultices. Miss S. held the baby's hands while I worked. He didn't like it much and cried continuously in spite of my attempts to reassure him by talking in soothing tones. We had to tie his hands to the sides of the crib while we made the poultices, but the use of a clove-hitch knot insured that circulation would not be interfered with.

A starch poultice is easily made in the following manner: take a tablespoon of starch and add to it a teaspoonful of boracic powder. Add just enough cold water to make a stiff paste. Then pour in boiling water until the starch suddenly becomes

Front view of face mask

transparent. About half a pint is necessary for this. The solution is then allowed to cook, and a jelly forms. This is spread about a quarter of an inch thick on old clean linen or cheese cloth and applied to the affected part. It is left on for half an hour and then bathed off with warm water. Do not allow the starch to become dry, as it increases irritation and delays healing. Applications can be repeated until all crusts are removed. Do not apply the starch directly to the skin. Place one layer of cheese cloth between the poultice and the affected surface.

We made enough poultices to cover the head, cheeks, and chin, and I wondered how we could possibly keep them in place. But Miss S. calmly went to the supply cupboard and brought out what looked like a piece of gauze, but turned out to be a face mask. This is made from cheesecloth, twenty to thirty inches square, with a piece of old linen six inches square stitched to the cloth in the centre. In the middle of this linen patch, a hole approximately two inches in diameter is cut for eyes, nose, and mouth. At the sides, the cheesecloth is cut into tails and when the mask is in position the tails are braided down the back. It stays in position very well and there are no hard lumps for the baby to lie on. Johnny was then dressed in cotton clothing, the bed clothes were turned down to the foot of the bed, the head of the bed was raised slightly and we left him with his wrists tied. Miss S. explained that this restraint could not be avoided while the poultices were being used and emphasized the fact that they must be changed often enough to keep moist poultices next to the skin.

The following morning I took Johnny's mask off and was amazed to see the difference. His skin looked pink and clean, and he gave me a one-sided smile. I sat him up in the high chair and gave him his breakfast and he did quite well at feeding himself. He had evidently been well fed and well trained at home. Miss S. came in and went over my patients with me and pointed out that Johnny needed attention first. We gave him a good bath in the tub, washing his head too, but being careful not to do too much rubbing. The skin looked quite clean, but some areas were bleeding a little. Back in bed we dried these areas with pressure, using sterile swabs.

Many different medications are used in the treatment of eczema, according to the preference of the attending physician. In this case, the ointment was "tar and calamine", which is made by mixing one part of tar ointment with three parts of calamine ointment. Miss S. told me that while the ointment should be removed from the jar with a tongue depressor, it is much better to use the hand to rub it on to the skin. It is soothing, and gives comfort to the patient, to rub the skin gently with the palm of the hand. If one attempts to apply the ointment to a moist, weeping

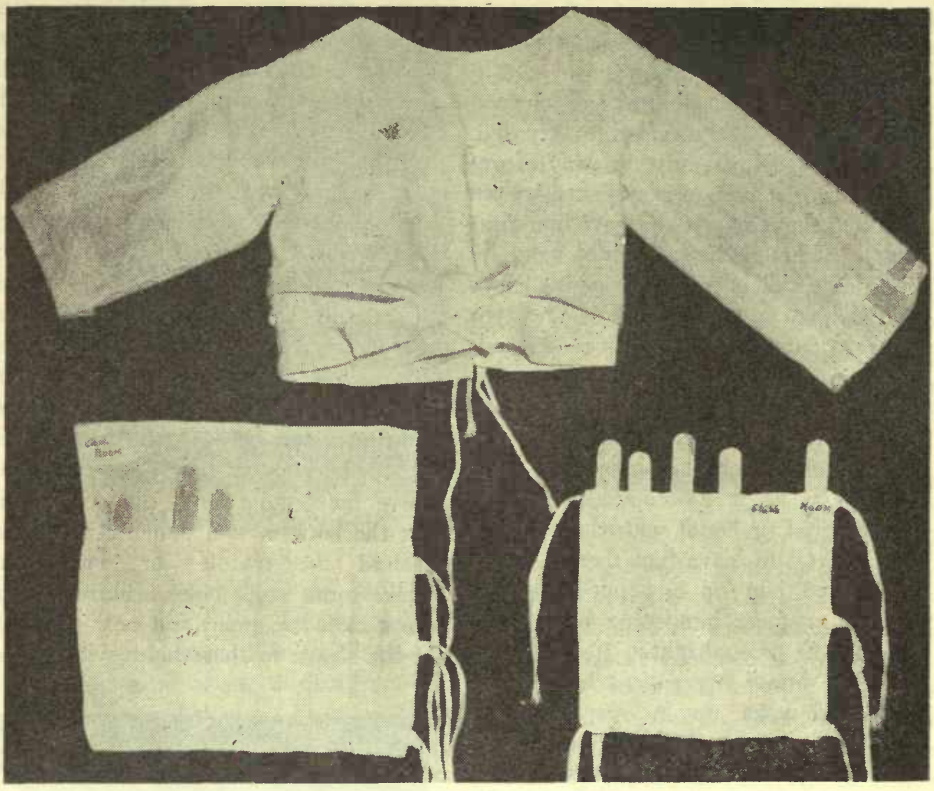
area of skin with a tongue depressor, the ointment will adhere to the spatula rather than to the skin.

When we had Johnny all cleaned and "tarred", we decided to try him with elbow splints only, by way of restraint. After these were adjusted we put him into the play-pen and gave him some toys. Although he could not bend his elbows he still had full use of his hands and did not seem to mind. The type of restraint for these babies depends entirely upon the location of the eczema and the age of the baby—and no two are exactly the same. Johnny did not try to rub his cheeks against his arms as long as he was occupied, but when he got tired or bored with the play-pen it was fatal to leave him there. When we picked him up and put him back to bed or gave him some other little change, he was alright.

After dinner my patient had a long sleep and woke up in very good humour. I came on duty just in time to greet him and take him to the bathroom. Sometimes he would use the toilet, and at other times he wouldn't, but he was reliable as long as he was taken regularly. I collected all the articles needed for his afternoon care, including warm liquid paraffin and began my half-hour's work with him. I bathed him all over with the oil, taking off all the ointment and removing any dry bits of skin or crust. Then I dried the skin with a towel and re-applied the ointment, dressed him once more and put him in the play-pen on the gallery so as to give him a change. The gallery is shady in the afternoon, while in the morning it is too sunny and my Johnny must remain indoors. Perhaps because he was lonely he was not contented, so I brought him in and put him in his high chair beside some children who were playing with a doll's house.

As the days passed, Johnny continued to improve. He was on regular diet for a child of his age, played with the others and slept occasionally. He would try to scratch when he was in bed doing nothing, but for the most part he was very good and we only used the elbow splints for restraining purposes. At this point it may be interesting to speak about other methods of restraint. Aluminum mittens are useful when the body is involved and the face is clear. These can be purchased at a drug store, but effective substitutes can be easily made from tin measuring cups, at much less cost. Remove the handle from the cup, round out the bottom, and punch a few holes around the middle for ventilation. Make some small holes around the top quite close together and sew the cuff of the sleeve to these holes with strong

Back view of face mask.



Splint jacket, and (below) two types of tongue depressor elbow restraints.

linen thread. The child thus has free use of his arms, and amusement from banging the mittens about. Elbow splints can be made for small babies from tongue depressors. A casing is made from flannelette to hold the tongue depressors in place, and the splint is tied to the elbow with tape.

For older children, a waist, fastening at the back and with sleeves which are prepared with a casing for wooden splints, is more satisfactory. This "splint jacket" the child cannot remove. Use the hard wood that is used for veneering, and the splints will not bend or break. The jackets are made in various sizes and with sleeves of varying lengths, while the wooden splints are also cut in varying lengths. A cuff of three or four inches at the bottom turns up and buttons, so that the splints will not slip out. When it is necessary to tie the wrists and ankles to the sides of the bed, a clovehitch knot is used in a flannelette bandage. Thus there is no risk of injury, nor danger of the child being able to free hands or feet. It must always be remembered that no method of restraint can be perfect, and the child must be watched carefully to make certain that the method used is effective.

A few days later Johnny was well enough to go home. The social service worker had visited his home and found that although the family was poor, they were very clean. His father was working, and there was a younger

baby in the house. The social service worker said that we would have to instruct his mother, or else Johnny might not do so well at home. Miss S. gave Johnny's mother careful instructions about bathing and keeping the skin clean, applying the ointment, restraining the elbows and regulating his diet.

Before summarizing this interesting nursing experience, I will present a few notes regarding the cause and nature of eczema. The following excerpts are taken from "Essentials of Pediatrics" by Jeans & Rand, third edition:

Eczema is a dermatitis caused by internal or external irritants and having distinctive characteristics which make it differ from the dermatitis of bacterial inflammation. It tends to run a chronic course with periods of remission and exacerbation. Eczema occurs at all ages. It is considerably more frequent in infancy than at any time later in childhood. The eczema of childhood usually has its origin in infancy, and only in a very few instances does eczema have its onset after two years of age. The common type of infantile eczema occurs most often in fat, or well-nourished babies. The lesions are most severe on the face, but may appear also on the scalp, forearms, legs and trunk. In the early stages and in the exacerbations the superficial epithelium is lost and the skin surface is raw and oozing. The exudate tends to dry and form crusts.

In the present state of our knowledge, the cause of infantile eczema cannot be stated with the definiteness and accuracy which one desires. That allergy is a large factor in many instances is an acceptable belief, but any claim that it is the cause in all cases is not supportable by the evidence at hand . . . Other factors than skin sensitivity seem to play an important role.

I might add that eczema is not infectious or communicable, and babies with eczema need not be isolated unless an infection, such as impetigo is superimposed upon the eczema. This secondary infection is easily acquired in the eczematous areas of skin.

In conclusion, here is a summary of the most important factors in the nursing care of eczema in children:

1. Remove all crusts before applying any medication. This may be done by using soap and water bath, boracic compresses, liquid paraffin, starch poultices.

2. Keep the skin clean. Remove all ointment with warm liquid paraffin. Give daily soap and water bath, except when it is definitely seen to increase the irritation. Use a mild soap. As the crusts form, they must be removed. If the scalp is involved, clip the hair.

3. Prevent irritation of the skin by the use of suitable restraints, the type of which depends upon the age of the baby and the location of the eczema. Dress in light cotton clothing. If the baby rubs his hands or arms against the mattress, bandage them very lightly with a gauze bandage, or cover with cotton stockings. If a woollen blanket is used on the child's bed, encase it within a cotton sheet. Avoid all woolly toys.

4. Do not use oils other than liquid paraffin, because they are frequently irritating. This statement applies to olive oil, cotton-seed oil, etc.

5. Protect these babies from respiratory infection because they are particularly susceptible to it. Change the position frequently, and keep the head of the bed elevated. If the child is old enough, keep him occupied and maintain the routine of a normal baby so far as possible.

I think I have mentioned the most important points in caring for a baby with eczema. I did enjoy looking after Johnny, and other babies like him, because we can give them such relief and comfort and can see before our eyes the effects of careful nursing and skilled medical attention.

Blood for Britain

Editor's Note: Since mid-August, six thousand American citizens have found a way of expressing their sympathy for the cause of Britain. Through the Blood Transfusion Betterment Association and the American Red Cross Society, they have contributed blood plasma, separated from the corpuscular solids, and shipped in liter flasks for transfusion into the veins of wounded soldiers and civilians in Britain. The plasma technique is a great step forward in the treatment of shock, the grave complication of all war wounds. The patient in shock literally "bleeds" plasma through the capillary walls into the body tissue. This loss of blood volume increases the normal risk of surgery and, like hemorrhage, can itself bring death. Transfusion of pooled plasma replaces directly the loss of liquid volume and can be administered without delay for blood typing.

The article which follows relates the personal experience of a Canadian-born blood donor, who prefers to be identified only by initials. Although not herself a nurse, she is a member of a well known Canadian medical and nursing family. In spite of its light touch (or perhaps because of it) the narrative suggests the deep significance of this gift to Britain.

I have been attending a "blood bottling". It sounds like a magic ritual out of Frazer's Golden Bough, but was held at a hospital, and is by no means the first time a primitive idea has gone modern and scientific. Instead of taking lion's liver for strength, the thing is now the liver of the cod, and sheep hormones instead of tiger's heart. I first heard of it only a few weeks ago, and since then references keep showing up: "thousands stand in line at hospitals to give blood for Britain", "volunteers near 8,000 mark." "New York and Brooklyn Chapters of American Red Cross undertake to send 4,000 pints of plasma monthly". Now I see the movie actors are contributing, and with all these 100 percent Americans laying down pints of blood, it seemed time for the British-born to get into the parade.

A writer-to-the-paper obligingly gave the name and address of the organization which makes appointments. The Blood Transfusion Betterment Association (a rather clumsy title, I thought) is at the New York Academy of Medicine Building, so the day before my next Friday night in town, I found them in the telephone book, between Mr. Mortimer Blood and a string of Bloodgoods. Yes, they would make an evening appointment — first vacancy a week from Friday. Would I go to the Postgraduate Hospital at 7 p. m.? Name? Age (approximate)? Address and telephone number please, and was I in good health? Also, would I kindly eat nothing for at least four hours before coming down. In a day or two I got a letter verifying the appointment.

Although moderately familiar with hospitals, I did not know just what to expect. According to the papers, a gentleman from the City Hall (the Comptroller I think) had delivered up his pint one morning on his way to work and said there was nothing to it. This was encouraging, and " tumbril" would be far too sinister a word to apply to the little red bus in which I jolted dinnerless down Second Avenue — it was more like a trip to the dentist's

The Postgraduate Hospital has a high standard of tradition and reputa-

tion, and in the entrance hall stood a symbolic figure in grey draperies, with a large red cross on her bosom. It appeared she was neither a poster nor a statue, and as I stopped to consult my letter, she floated forward and opened the door. "Won't you come in? You are one of the blood donors? This way, please". I was wafted down the hall and left in an admitting office. Here my letter was clipped to a form already on file, and to these was added a form of release to the Hospital. Then I found a place on one of the benches, with a number of other people, while more kept coming in. The procession was slowed up somewhat by lack of accommodation for such an unusual number passing through the surgical department. A separate room was required for each patient, with a nurse and a doctor to look after it.

In the New York manner, nobody paid any attention to anyone else. I had my knitting, some read, some smoked self-consciously, some appeared to brood. There were business men, working men, (one of them had a tartan tie), women who might be office staff or teachers, some probably house-wives. One was a plump Jewish mama. There was a nice tailored blonde young woman on my left, and a brunette on my right. The first to be called was Miss A., the blonde. Others were called and disappeared. Then Miss B., the pretty brunette, shattered tradition by asking for a match, which I did not have, and we went on to exchange confidences. She said her friends thought she was crazy to come. — "I faint at the sight of blood". The appearance of returning donors was not too reassuring — a little haggard, and with their hats on at strange angles. However before our courage quite oozed out they called both of us and we were on our way.

First some questions, the answers written on our forms. Then blood pressure, pulse, and temperature. Then the hemoglobin test, mine was a nice bright red. Then a wait on another bench until a room should be vacant. Through a maze of corridors and rooms, strong lights and black shadows, moved white figures fantastically masked and gowned, suggesting the Spanish Inquisition. We got a glimpse through an opening door of Miss A., dishevelled and pale, reclining on a table. Miss B., looked a little pale also. Then she was led away in one direction and I in another.

The room contained little besides a padded table and a sink. An attractive masked nurse did the honours. She was explaining the procedure to another nurse, about to take over. "You'll have no trouble — except maybe in shaking the blood. That takes quite a while. There is sodium citrate in the flask, and you shake it to prevent clotting. Let the patient lie down, and when the doctor decides which arm he wants" . . . At this point a squarish sheeted physician hurried in, indicated the right arm, and hurried out again . . . "you insert the arm board under the mattress, so. Rinse the tubing in the sink. Some nurses clamp the tourniquet, but I prefer to tie it. You stay and watch this one, and then take the next." The doctor bustled in again, "The tourniquet, nurse". Iodine was mopped on my arm, and what seemed like rubber tubing was tied above the elbow. A tall young doctor has come in, and was saying, in a Southern accent, "Could the number of this room be sent to the telephone operator, nurse? Ah'm on call tonight . . ." "Are you to have this room?" said the first physician, "I'll just start this one to give you the idea, and you can carry on", with which he poised a large hollow needle attached to a tube, and neatly inserted it in the

large vein at the elbow. "There, that's it . . ." and disappeared.

So that was all? Everything was just fine, and it was not going to be bad after all — but what was this strange sensation? Something to do with sailing the seas in a fresh breeze, rapidly increasing to a gale. What was the name of that stuff? I couldn't think, but the nurse knew right off, and brought it, — aromatic spirits of ammonia on a piece of cotton. "Did you have anything to eat?" I shook my head, and the other nurse said: "They tell them not to". "For goodness sake, why? I think it's a shame." The doctor felt my pulse. "Having trouble? . . . A little brandy, nurse . . . can you take brandy? Yes?, and raised my feet a little higher. The nurse announced that it was "not running very well" and the doctor said, "Please clench and relax your hand — that's better". It must have been the brandy, and I hope that fine glow was transmitted with the plasma.

Then it was all finished, and the doctor was leaving with the advice, "Better have her lie down for fifteen minutes, nurse". But it did not take that long. There had been rumours of coffee somewhere outside. The nurse was putting on a workmanlike bandage. "Just bend your elbow a little, that's it. Leave it on till morning, unless it is too tight. Yes, I'll take you over myself." So we left the room for the next customer, and I noticed that my hat was over one eye. Just try putting on your hat with a bandage around your elbow!

The coffee was being served, with a Graham biscuit or two, to a group of my contemporaries, now feeling relaxed and friendly, and exchanging accounts of their "operations".

"No trouble at all."

"He couldn't find the first vein, and had to try the other arm."

"That was too bad".

"Oh, it was all right so long as it will do some good."

"That's right, I think so too."

Miss B. was looking very cheerful, and I asked her now she had fared. "I was completely out, and even dreaming — a very interesting dream." "Didn't you qualify for brandy?" This caused a sensation. "Oh, no! I am allergic to alcohol." Mine was making me feel conversational. The man with the tartan tie was saying: "My wife was going to come too, but got cold feet. When I tell her how many ladies were here, she will be sure to come the next time." He put any number of R's into it, so I said: "I know the tartan you are wearing. It's R-R-R-Royal Stewar-r-r-rt?" (It developed he was from Dunfermline). "It was from there Sir Patrick Spens sailed to Norway, to bring the Princess back". He said: "I don't just mind seeing that name, but it was a good job whoever did it". But I was talking about another trip that did not turn out so well and began: "The King sat in Dunfermline toon" . . "Oh, that! It must have been a while back, when Dunfermline was the capital of Scotland".

A nurse was asking "Feeling all right? . . . I'll show you how to get to the door". The admitting office staff was busily registering a new line-up of applicants when we went through. "This way out", and who should we meet but the now familiar symbolic figure, benevolently advising us to "go out and have a good beefsteak". We said good-night at the subway. Miss B. took the Lexington, and I shuttled at Grand Central.

— J. H. S. P.

An Eventful Year

Mary E. Henderson

The past year is very different in retrospect from that which I anticipated when I was awarded the Florence Nightingale Memorial Scholarship. I had looked forward with great pleasure to the prospect of a year as an international student at Bedford College and the College of Nursing in London, but owing to the outbreak of war this expectation was not fulfilled. None the less, I have had a most interesting and profitable year, and I shall always be grateful for the opportunity made available to me by the Canadian Nurses Association.

Although menacing war clouds hung over Europe, I have pleasant memories of those first three weeks in the "old country", which I spent motoring amid the beautiful heather-covered hills and braes of bonnie Scotland. When I arrived at International House I found a number of students already in residence. Among them were students from Iceland, Sweden, India, Roumania, the United States of America, Great Britain, Australia, and New Zealand. It was most interesting and stimulating to meet each other and we were all deeply disappointed when we learned that our association was to be so short-lived. War seemed inevitable, and arrangements were already in progress to send these students back to their own countries. Within a week or two most of them had returned to their homes.

On August 28, Miss Vera Armstrong (the student from New Zealand) and myself went to Addenbrooke's Hospital in Cambridge to assist with the evacuation of patients from this hospital, and the reception of patients who were being removed from London hospitals. Plans for the evacuation of patients had been well organized and were carried out very efficiently. During our stay at Cambridge we experienced three air-raid alarms, all occurring at night when we were in bed. In accordance with instructions, we had to rise immediately, don our uniforms, and, carrying our gas masks, hurry to our wards. There we remained to assist and reassure the patients until the "all clear" signal was given. Amid all my recollections of the evacuation, air-raid warnings, and the black-out, there stands out very clearly in my mind the kindness shown to Miss Armstrong and myself by the English matron, sisters, and nurses.

At the end of September, I received word that the Canadian Nurses Association would sponsor a course at a Canadian university if I wished to return to Canada. Miss Armstrong had been advised by the New Zealand Nurses Association to return to New Zealand by way of Canada, but we had several days in London before our sailing date, and took advantage of these to visit St. Thomas's Hospital and St. Bartholomew's Hospital. The long wards and corridors were strangely silent and empty, for patients had been removed from London hospitals except for two or three wards which were kept open for emergency cases and patients too ill to be moved. The hospital basements were most interesting places in those days. There one saw scenes of great activity in strange contrast to the quiet stillness of the deserted wards above. The basements were being fitted up as emergency de-

partments to take care of large numbers of expected air-raid victims. The calm steadfastness of the British people was very apparent. Grim days were facing them, families were being separated, the customary routine of life interfered with in many ways, but one heard no complaints.

It was with mingled feelings that I sailed for Canada with my New Zealand friend. Our ship was convoyed by a destroyer during the first part of the voyage, and we had further evidences of the war in the two big guns at the stern of the ship, the blackout, the life preservers which we were required to keep constantly by our sides, and in the presence of passengers on board who had survived the *Athenia* disaster.

Within a short time after my arrival in Canada, I enrolled at the University of Toronto School of Nursing, and plunged into the midst of lectures and study. As a student in public health who had previously had training and experience in this field, I took a course in public health administration and supervision offered to a small group of experienced nurses. This included lectures in principles of public health nursing, child hygiene, teaching procedure, development of modern educational thought, psychology, and weekly conferences on administration and supervision in the public health nursing field. We also "sat in" on various other classes, which included an interesting study of new types of nursing schools in Europe and North America, and of the Proposed Curriculum for Schools of Nursing in Canada.

One of the advantages of attending the Toronto University School of Nursing is the opportunity it affords to observe a new form of nursing school at first hand. The undergraduate training course was organized in 1933, and is a recognized school of nursing in the Province of Ontario The course is thirty-nine months in length, and leads to a double diploma, qualifying its graduates for hospital nursing and public health nursing. The students pay tuition and maintenance fees, and are resident in the School of Nursing building. The greater part of the hospital experience is received at the Toronto General Hospital, and throughout the entire course the education of the students is carefully planned and supervised. This School differs from hospital training schcools in that it is financially independent of the hospital, and is perfectly free to control the education of its students. The School of Nursing of the University of Toronto is the only school of its kind in our Dominion, and its leaders are making a great contribution to nursing education.

This School, with its undergraduate and graduate course, attracts students from many parts of the world. Ten students, holding Rockefeller fellowships, were enrolled: three from Denmark, one from Finland, one from Sweden, one from Greece, one from the Fiji Islands, one from Japan, one from the United States, and one from Canada. These students bring with them a knowledge, not only of nursing conditions, but of the different ways of living in their own countries. Contact and friendship with them is a broadening experience, and I felt that we in Canada can learn much from them as well as contribute something to them. Informal fireside talks and seminar discussion brought home to us very strikingly the strong bond of common interests which unites nurses in all parts of the world. Moreover, our companionship outside classes with these students from other lands was always very congenial and interesting.

A cosmopolitan group at the University of Toronto School of Nursing.

During the second term, weekly seminar discussions were held at which students in the hospital staff nurses course and in public health nursing met together to discuss nursing progress and problems. This combining of the two groups was of great educational value, and impressed on our minds the fact that our problems are very similar. An interesting social function was the annual "uniform" dinner, at which all the students are guests of the nursing faculty. Both staff members and students wear the uniforms of their own training schools, and the mingling together of approximately fifty different uniforms made a quaint and picturesque scene.

The months of April and May were spent entirely in the field and for the greater part of the time I was with the Toronto Board of Health. I also visited the Victorian Order of Nurses and the Visiting Homemakers Association in Toronto, and the Health Department in the city of Hamilton. I found this period of field observation and experience most profitable. By comparing the work of your own organization with that of others you are able to see more clearly the strong and weak points of your own. After leaving Toronto, I paid brief but instructive visits to the Department of Health, the Henry Street Nursing Association, and the offices of the National Organization for Public Health Nursing in New York City, and the Department of Health and the Visiting Nurses Association in Detroit.

Upon the completion of my varied and interesting year, I realize that it has been well worthwhile, and as the days and months slip by I shall appreciate its value even more fully. Although we at the Pacific Coast are a long way from Eastern Canada, our activities, methods and problems are very similar. While I am still an ardent westerner, the time I spent in the east has made me prouder than ever of our great Dominion, and, I hope, a more understanding and intelligent citizen.

Equipment for Nursing in the Home

KATE MCILRAITH

Many nurses, particularly the younger and more recent graduates, hesitate to take home cases, preferring to work only in the hospital where they are on familiar ground. Yet there are many people who, for various reasons, do not go to the hospital but who require nursing care in their own homes. Unfortunately, the nurse sometimes forgets the simple appliances she may have seen used in her own home, and comes to believe that the complicated and expensive equipment of the hospital is necessary for the simplest procedure.

Various authors have pointed out that the use of substitutes for hospital equipment should be taught in the classroom of every school of nursing. The graduate nurse who does home nursing must be ready at all times for any type of case. She does not always know the home conditions to which she is going, nor the nursing care which she must give. In order that she may be able to give efficient service, she should be prepared to utilize the home equipment which will enable her to carry out nursing treatment.

Fortunately, the use of improvised equipment in the home is now taught in many schools of nursing, and some schools have their students spend an affiliation term with a visiting nursing organization. The nurse who has not had this teaching in the hospital, nor practical experience on a district, must adapt her own knowledge of hospital techniques to conditions in the home. With experience, she will soon develop confidence and initiative in meeting situations which at first seemed difficult.

Hospitals have adopted techniques which ensure efficient nursing service. In the same manner, visiting nursing organizations have developed techniques and procedures based on hospital technique, but adapted to meet conditions in the home. For example, in doing a surgical dressing in the hospital, the nurse always uses a tray on which she places the necessary instruments, dressings and solutions. This saves her time and ensures proper preparation. In the home, the nurse should do likewise. She may use a cheap tray or a large platter, on which she places her solution bowl, a covered sealer or jar for solutions, her instruments, dressings, adhesive plaster, and clean towels. This tray should be covered with a clean towel and always kept in the same place. Surgical dressings may be made up in the required size and sterilized by baking the bundle in the oven at 350° Fahrenheit for one hour. A basin of water placed in the oven for the first half-hour will prevent scorching.

In the hospital, the nurse has sterile towels to place around the wound when she does the dressing. In the home, freshly ironed towels present a clean surface, but the nurse knows there is not a sterile surface and learns not to place instruments on the towel but to put them into a sterile receptacle. Soiled dressings may be disposed of by placing them in a paper bag which can be burned immediately. These bags can be easily made in various sizes from newspapers. When pinned to the sides of the bed they make an excellent receptacle for soiled Kleenex, fruit skins, and other rubbish. A larger paper bag may be used as a cover for the bed pan so that its lower surface will not come in direct contact with the floor. This is especially important in mater-

Miniature set-up for a confinement in a home.

nity cases, when the area we are trying to keep clean would come in contact with the sheet that had been contaminated by the bottom of the bed pan.

Newspapers have no special virtue, except that clean paper is much cleaner than the floor. They are invaluable in protecting the bedside table or chair while giving nursing care. A newspaper, spread on the floor to receive soiled linen, will prevent lint and crumbs from falling on the rug. The family appreciates this care of their furniture. Pads, made from fifteen to eighteen sheets of newspaper, covered in front with clean cotton and lined at the back with brown paper, are a great help in caring for maternity patients. The brown paper is fairly non-absorbent and protects the sheets from any trace of printer's ink which might otherwise stain them. If the cotton is mitred at the corners and basted on, it may be removed after use, washed and used to cover a fresh paper pad.

Even if a bed bath is the only nursing care required, the nurse will find it saves her time if she keeps the requisite articles in a certain place where the members of the household will realize that they belong to the patient. For a hypodermic the tray used may be a plate on which a small jar of absorbent, alcohol and medication are placed, together with a small basin in which the syringe can be boiled. Again, the inevitable little newspaper bag makes a neat receptacle for the discarded alcohol swabs. The use of trays for every procedure saves the nurse many steps. It is a much more systematic way of working, and since illness in the home is not only a financial burden but also upsets the whole routine of the household, the nurse who efficiently organizes her work is appreciated.

The accompanying illustration shows a miniature set-up for a confinement in the home. It was prepared by the Ottawa

Branch of the Victorian Order of Nurses and was exhibited at the annual meeting of the Registered Nurses Association of Ontario. The "room" occupies a space of about 3 x 4 feet. Dolls' furniture was used in this instance, but could easily be made by a manual training class. The furniture consists of bed, bureau, chair, bedside table, baby basket, and cedar chest. The central layer of the mattress is made of excelsior, then comes a layer of cheap absorbent, and the cover is made of grey cotton. The bed is made up in the usual way with a lower sheet, a rubber sheet or a newspaper substitute, and a cotton drawsheet. Three newspaper pads, made the full size of the opened newspaper, are placed so as to give maximum protection to the bed. The bottom pad is placed crosswise in the middle of the bed, and the second pad is placed on the top of this, also crosswise. Hanging over the side of the bed in which the patient will be lying is the third pad, placed lengthwise and overlapping the others, but extending lower. This arrangement provides three thicknesses under the buttocks. In addition, a small paper pad (single page size) is placed at the foot of the bed to receive the baby. The top coverings are tucked in securely at the far side, and folded back as an anaesthetic bed, they are thus easily available when needed.

Draped on the head of the bed, is a short nightgown or pyjama coat; a binder with safety pins; and a small towel or handkerchief, folded in readiness to protect the patient's eyes if an anaesthetic is given. On the foot of the bed, is a pair of clean white stockings, and three diapers which, folded in triangles, may be used for draping the patient. At the foot of the bed, on a chest or trunk which is protected by newspapers, is the clothesbasket bed for the baby. In this is placed a receiving blanket, lined with a diaper. The clothing is arranged in the order in which each garment will be required, and the whole is wrapped around a hot water bottle.

On the dressing table, protected with a thick pad of newspapers and a clean towel, we have the doctor's set-up. This consists of a sterile basin for his hands, soap, sterile brush, clean towels, container for the gloves, bowl for cleaning the perineum, a package of sterile absorbent squares, and a sealer of sterile water. On the end of the dressing table we have a basin in which are sterilized the scissors, artery forceps, hypodermic syringe, catheters, etc. This is covered with another basin which may be used as a receptacle for receiving the placenta. A fork, the handle of which is left protruding, serves as an aid in removing instruments from the basin.

At the very end of the dressing table is the baby's tray, with the usual jars of absorbent, olive oil (which is in a small bowl of hot water), soap, safety pins, a sterile cord tie and dressing, prophylactic for the eyes, and sterile water for the eyes. This tray is covered with a clean towel.

In the bureau drawers may be placed the sterile perineal pads, more packages of absorbent swabs, bed linen, and personal linen for the mother and baby. On the chair, on a newspaper, the nurse places her bag, and on a paper napkin she places the articles which she is likely to need. The small table close by contains the nurse's set-up—a sterile basin for her hands, soap, and a clean towel. On the lower shelf she places the mother's breast tray, consisting of a small jar of sterile water and a jar of absorbent. When the case is over, this will be placed beside the patient and a small newspaper bag pinned to her bed for the soiled swabs. On the floor, spread out on a newspaper, are a kettle of boiling water (placed on an inverted pie

plate or piece of wood), a large jug of cold boiled water and a pail for receiving waste water.

A large "confinement bag" is made of eight sheets of newspapers, full size, folded and pinned so that we have a bag 9 x 6 inches, and about 18 inches high, with an extra fold of paper placed in the bottom of the bag, so that the placenta may be placed in it without fear of soiling the floor. On the floor, under the bed, the bed pan is placed in the paper bag previously described, and which keeps it clean. Usually just the two upper pads and the small one used to receive the baby are soiled. The patient is left on the clean under pad, the covers may be easily pulled over her, and with almost no moving about she may be left to rest until the baby is fixed up and the room tidied.

A model set-up of this kind could be used to great advantage in demonstrating home procedure to student nurses. They might even prepare it themselves as a classroom project of their own.

All in the Day's Work

HILDA ST. GERMAIN

On Sunday, Mr. R. and Grace came home and told me all about the new baby, and how when they left on Saturday morning they ran into a moose on the Dawson Road, and how many jumping deer they saw. The following Saturday we had a dance at the school. These country dances were great fun and everyone seem to enjoy themselves. The married women made beds for the small children with blankets and coats, and laid them on the school desks, where they slept all through the noise. Some of them had driven eight miles and this was their only opportunity of meeting one another. Music was not wanting. Many of the boys played the fiddle well, marking time with their feet. George Slusar, the boy from the store, played the organ, and someone else played the accordion. They danced the old-fashioned square dances, and how they enjoyed them! They also had "candy walks" in which the young man buys a ticket for himself and his girl, and they form up in couples. A chalk mark is put on the floor and they march around to the accompaniment of music. The couple who are standing on the chalk mark when the music stops, wins a box of candy. Supper was a noisy affair. The benches were lifted down from the loft and the ladies took round cups to each person while others followed with sandwiches, cakes, and tea, all provided either by members of the Ladies' Club, or by some paying their way in with cake or sandwiches. It was about 1 a. m. when I got home, and Grace came in later, with some one to bring her home, of course.

The gray light was just creeping in the windows and the fire had burned low, when there was a loud knocking at the back door. I shot out of bed and groped for my gown and slippers. When I opened the door, there were three men, one the section foreman from Shoal Lake, another very tall man, and supported between them a third man, apparently in great pain. They brought him in and put him in the easy chair,

while I threw some logs on the fire. While I was wondering what could be the matter with the man, he placed his hand on his right side and groaned. I gave him morphine at once, got him into bed with a hot water bottle to his side, and asked the men who were with him what had happened. While I was making a mustard plaster, they told me that he had been staying at the little hotel at the end of the line and about midnight had been seized with this agonizing pain. The section foreman had been called to bring him to me, but so great had been his pain that they had to stop frequently, and had been two hours making the twenty-mile journey. They were very glad to have help here and wondered how they would ever have reached Winnipeg. It was necessary to repeat the dose of morphine but soon the patient was sleeping peacefully. Treatment was kept up steadily all day, and by noon on Monday he was well enough to drive his car home.

Sunday we had a Harvest Thanksgiving service at the school. Ie was crowded, everyone bringing sacks of vegetables which they stacked around the teacher's desk. The lad from the store played the organ, and an elderly Dane got up and tried to preach a little sermon. Everyone was very sincere. I was called up to speak and sincerely wished that the floor would swallow me up, but was ashamed to refuse. So I spoke of the evening walk that Jesus and his Disciples took through the harvest fields, and of the harvest of souls and how God's promise to us had again been fulfilled — that seed time and harvest should not fail. After this we had a regular Sunday School to which both grown-ups and children came.. On Armistice Day, Mrs. R. came home with Betty, and how pleased we were to see her back.

In the early part of November a family of half-breeds came and settled at Mile 82. The man and woman were always fighting, although at first I did not know it. One day the woman called, saying that her husband had turned them all out of doors and was threatening them with an axe. She led me to suppose that he had gone crazy, so I telephoned for the policeman, but when he arrived she said she did not need him and led him to believe that I had meddled. However, no sooner had the gas car pulled out with the policeman than the woman was back, wanting me to call him again. Soon she became a regular visitor, telling me how her husband beat her. One night she and her husband came in the middle of the night bringing a sick child with them, and they were calling one another "darling" and "my heart".

One bitterly cold day, I went to see the children at Glenn School, and was told that this family would drive me home. So one of the little girls took me to their log hut. Although I am only five feet tall, I had to stoop to get in the door, and once inside the place was so dark it took me some time to get accustomed to the dim light. When I did, saw there was one little window, about three feet square, under which was a smaller shelf that served as a table for eleven people. There was also a cookstove, a trunk, a bench, and two beds. Part of the floor was board and part was just earth. Across one end sacks were hung and presently a cow looked through these. The other half of the shack was a stable. Chickens were walking about the floor, and the shack was so low I could touch the ceiling with my hand. Two pretty little girls were playing on the floor; one had fair curls falling on to her shoulders. Two young men sat on the floor, and talked and laughed and seemed as happy as though

they lived in a palace. An old woman sat on the bed and they told me she was eighty-six. She muttered to herself and every now and then called out "biscuit and cheese". The father and mother were out and one of the young men drove me home. When spring came, these people moved away, to my great relief.

About this time I was called one day to see old Joe, who lived all alone, his nearest neighbour being a mile away. He had been a heavy drinker for years and now his stomach was very bad. He had, I believed, cancer of the liver. We found the old man lying on a sack of hay. The table beside his bed was stacked high with tobacco tins and a sack covered the window. The poor old man could hardly get his breath for the intense abdominal pain. A neighbour had given him a hot water bottle and put on a mustard plaster, and another neighbour had stayed with him. I did all I could to relieve him, and I asked the two men who there was to look after him and they told me there was no one. He had been sick all day, too sick to go for assistance. They had not seen him about and had come to see if anything was wrong. I decided I would take him back to the Nursing Station with me, and to the hospital the next day. So we put lots of hay on the sleigh, laid him on it, and covered him with blankets. He seemed easier now. The neighbours promised to look after his stock, and his six cats and nine dogs. The next day I took him to Winnipeg and left him at St. Boniface Hospital. In the afternoon I began to feel very ill and soon after getting into bed was in such a high fever that I wondered if I would be able to make the journey back again. The next day, however, I managed to get home although I had to be helped from the train at East Braintree. I was sick for three days, during which time we had blizzards.

(To be continued)

O. H. A. Nurse Administrators Meet

The annual meeting of the Nurse Administrators Section of the Ontario Hospital Association was held recently in Toronto. Miss Priscilla Campbell, Reg N., administrator and superintendent of nurses, Chatham Public General Hospital, presided and two hundred members were present. Mr. Alden B. Mills, managing editor of *The Modern Hospital,* gave an illuminating address entitled, "The Nurses' Part in Hospital Public Relations". Discussion was opened by Miss R. M. Beamish, Reg. N., superintendent of the General and Marine Hospital, Owen Sound. Miss Clara Jackson, Reg. N., director of nurse education, Brantford General Hospital, and Miss M. F. Bliss, Reg. N., superintendent of the Galt General Hospital, each brought out interesting features of vital interest to all persons concerned with the important task of hospital and nursing administration. A round table discussion of the following six questions proved to be very stimulating, and a summary follows:

How can the active superintendent secure special courses in hospital administration?

In reply to this question Miss Marjorie Buck, administrator and superintendent of

nurses, Norfolk General Hospital, Simcoe, stressed the necessity of keeping abreast with present trends in hospital administration. The active administrator can do this by attending refresher courses, such as those arranged by the School of Nursing of the University of Toronto, and by the Institute for Hospital Administrators in Chicago. Reading groups could make systematic use of hospital and nursing periodicals. Regular staff conferences, and attendance at conventions such as those of the Ontario Hospital Association, the Registered Nurses Association of Ontario, and the American Hospital Association, are also beneficial. The necessity of planning for relief when off duty for this purpose was discussed, and a plan of action indicated by the speaker.

Is it feasible to combine the laboratory and X-ray technical service in one person in a hospital of less than 100 *beds?*

Miss E. Williams, administrator and superintendent of nurses, Royal Victoria Hospital, Barrie, suggested that a registered nurse, with technical training and experience in these services, should be employed. The departments should be located side by side on the same corridor, and full co-operation of all departments in the hospital should be given.

How far should hospital collection departments go in forcing collection of accounts?

Major Barr, superintendent of nurses, Grace Hospital, Windsor, said that there are always "the cans, the can'ts, and the won'ts". Pressure should be made when persons can, (but do not) pay a just debt. The "can'ts" deserve sympathy and assistance, and the Hospital must look elsewhere for recompense. As for the "won'ts", the force of the law is necessary to deal with this type. Organized collection agencies may be employed, and co-operation between hospitals serving the same community is most helpful.

What means may be instituted to control the misappropriation of hospital supplies and equipment?

Mrs. M. Leeson, administrator and superintendent of nurses, Nicholls Hospital, Peterborough, pointed out that eternal vigilance is the price of success. Proper identification and regular checking will assist in solving this problem.

Would it be practical and advantageous for a hundred-bed hospital to have a central supply room for dressings, special treatments, trays, etc.?

Miss R. M. Beamish said that this plan promoted efficiency and economy. A registered nurse should be in charge of the central supply room and should have the full co-operation of the nursing staff. A central supply room in a small hospital is just as important as a bank in a small town. Articles, which cost your hospital money, are in safe hands and are always ready for use.

What action should be taken on the part of the hospital management when a patient arrives in the operating room without a history, or evidence of preoperative study?

Miss M. Buchanan, administrator and superintendent of nurses, Niagara Falls General Hospital, Niagara Falls, said that unless in emergency, the management should refuse to allow the operation to be commenced until the necessary examinations are made and findings recorded. The attention of the doctor should be tactfully drawn to the value and importance of recorded information and proper facilities and assistance should be made available to him. The services of a registered nurse with special training can be most helpful in making satisfactory examinations and recording information. If the problem is persistent, it would be necessary to refer the matter to the organized Medical Staff for advice and assistance; failing in this, then to the Board of Trustees, who have the final word in the appointment of the medical staff.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Women's War Services

Her Royal Highness Princess Alice invited representatives of women's organizations to a conference at Government House on October 31, 1940. Her Royal Highness, who presided, said that she had called the meeting to discuss possible co-ordination of activities to prevent overlapping and to increase efficiency Many organizations and the Department of National War Services were represented. As the President of the Canadian Nurses Association, Miss Fairley, was unable to attend, she was represented by the Executive Secretary. Other members of the Association who were present were Miss Elizabeth L. Smellie, Matron-in-Chief, R.C.A.M.C., and Miss Maude Hall, acting chief superintendent of the Victorian Order of Nurses for Canada.

The Department of National War Services issued a statement on the meeting which is quoted in part :

A very full discussion took place, with the result that the meeting thoroughly approved of some method being evolved of co-ordinating the activities of these various organizations.

The opinion was expressed that this co-ordination should be carried on in conjunction with the Division of Voluntary Services of the National War Services Department. A small committee was appointed for the purpose of discussing a plan of carrying out the idea and submitting it to the organizations concerned. This committee will give immediate consideration to the problem.

It is intended that a Women's National Advisory Committee, of which Her Royal Highness will be patroness, shall be appointed to co-ordinate the work of the various national organizations.

Executive Committee Meeting

The Executive Committee of the Canadian Nurses Association met in Vancouver on October 26, 1940. Those present were the president, Miss Grace M. Fairley, Misses Anne Cavers, Margaret Duffield, Florence Innes, Margaret Kerr and Kathleen Sanderson, Honourary Secretary. Among the reso-resolutions adopted were:

1. That the Executive Secretary be asked to write to all Provincial Associations requesting that the fees of nurses who are in good standing and who have proceeded overseas on active service be waived until six months after they return to Canada.

2. That Miss Ethel Johns be appointed to represent the Canadian Nurses Association on the Nursing Council on National Defence of the American Nurses Association on the invitation of its president; and that a letter be sent to the President of the American Nurses Association, expressing the appreciation of the cordial relationship between the two national nursing organizations.

3. That Miss K. W. Ellis, chairman of the Nursing Committee of the

Canadian Hospital Council, be asked to take up the question of nurses being permitted to carry out clinical procedures as suggested in the minutes of the Hospital and School of Nursing Section, and which was referred to the Canadian Nurses Association by the Canadian Hospital Council.

This matter has been questioned from the legal standpoint, and while the Canadian Nurses Association went on record as endorsing such a policy, it is realized that before hospitals could be asked to accept this responsibility further information from all provinces should be secured as to the specific need and the legal responsibility.

4. That a letter be sent to the president of the Association of Registered Nurses of the Province of Quebec expressing the appreciation of the Executive of the Canadian Nurses Association for their willingness to meet the expenses of the translation of the Curriculum Supplement and the Guidance Pamphlet and to share the cost of printing the French editions, by one-half.

5. That a letter of appreciation be sent to Mrs. Plumptre for her service as chairman of the National Joint Committee on Enrolment of Nurses since its inception in 1926, and that satisfaction be expressed that she is remaining on the Committee as a remaining on of the Canadian Red Cross Society because her advice has been and will continue to be invaluable to the work of the Committee.

6. That the enrolment of non-registered graduate nurses be left entirely in the hands of the Provincial Registered Nurses Associations rather than the Joint Enrolment Committee.

7. That the chairmen of the three Sections be appointed to the Legislation Committee, in an advisory capacity.

Vote of Thanks

Interim meetings of the Executive Committee are held at the Vancouver General Hospital. A vote of thanks was passed by the Executive, in meeting on October 26, in appreciation of the hospitality offered by Miss Fairley and the Hospital.

Committees:

The *Committee on Nursing Education* has underway the preparation of a Supplement to First Aid Nursing.

The convener of the *Florence Nightingale Memorial Committee* reported that members of the committee favoured the offering of loans and bursaries. In response to a request for advice on several specific points, the Executive recommended that the convener, together with the convener of the corresponding committee of the province in which the national convener resides, and the President of the Canadian Nurses Association form a sub-committee to formulate policies to be referred to the committee as a whole; and that if any emergency requests for financial assistance be made before the policies relative to loans and bursaries are fully formulated, the sub-committee is authorized to make such financial

assistance as in their opinion shall meet the need.

The *Exchange of Nurses Committee* outlined its initial plans toward the encouragement of interprovincial exchange. The Executive, when endorsing these plans, suggested that the Committee also consider the possibility of short periods of exchange within the provinces between public health and institutional nurses, with due consideration to disruption of nursing service.

In co-operation with the *History of Nursing Committee*, the Overseas Nursing Sisters Association of Canada has arranged to supply a record of nursing service during the Great War. This work is to be undertaken by the former Matron-in-Chief, Miss Margaret Macdonald.

Sections

Public Health Section: As a result of the interest evidenced in the progress report following the study made last year of existing requirements for the employment of public health nurses, the committee appointed to continue this work has decided to do some further fact-finding. The Executive of this Section is collaborating with the special committee appointed by the Public Health Nursing Section of the Canadian Public Health Association so that a common understanding as to minimum qualifications for the employment of public health nurses may be prepared.

Due to the reorganization of the General Nursing Section and the Hospital and School of Nursing Section, following the General Meeting of the C.N.A., neither Section was able to submit a progress report.

Edith Cavell Memorial: The President reported that she had been invited to participate in the C.B C. radio programme on October 19 in commemorating the twenty-fifth anniversary of the death of Edith Cavell.

The Canadian Nurse Exhibit: The editor reported that at the request of the president of the Newfoundland Graduate Nurses Association, the exhibit, as displayed at the general meeting in Calgary, has been sent to Newfoundland for a forthcoming meeting in St. John's.

Scholarship Student: The scholarship student 1939-40, Miss Mary Henderson, submitted a report of her year of study and experience. Due to the discontinuance of the International Course in September 1939, Miss Henderson returned to Canada, and enrolled for special study at the University of Toronto School of Nursing.

War Service Gift: A letter was read from the Acting Deputy Minister of the Department of National Defence (Militia Service) announcing that the donation of forty-five hundred dollars from the Canadian Nurses Association has been applied to the purchase of three mobile X-ray units for three Canadian General Hospitals. A facsimile sketch of the engraved brass plate that is being affixed to each of these units is on file at National Office.

Bonds Purchased: The treasurer reported the purchase of two $1000. War Loan Bonds from reserve funds.

Summary of Provincial Reports

The *Alberta Association of Registered Nurses* made a survey to determine the number of nurses holding the first aid certificate of the St. John

Ambulance Association and willing to secure the instructor's certificate. The Council was due to meet on October 26 when the program of work for the ensuing year was to be outlined.

The *Registered Nurses Association of British Columbia* held a successful refresher course on supervision, following which a core committee was appointed to organize study groups. Special attention was given to the Federal Unemployment Act and to formation of classes in first aid and A.R.P. training. An organizer has been appointed to promote organization of Districts and Chapters throughout the Province. Alumnae and Registered Nurses Associations supplied funds to the Committee for the Evacuees for nursing care as required.

A committee appointed by the *Manitoba Association of Registered Nurses* to prepare a minimum curriculum as a stepping stone toward the Proposed Curriculum, has already outlined the preliminary course. Plans are underway for establishing provincial examinations for first and second year students in schools of nursing to be conducted by the University of Manitoba in similar manner as Registration Examinations. The pamphlet "Should you wish to become a nurse", which has been widely distributed, has been highly commended by the Vocational Branch of the Department of Education.

The annual meeting of the *New Brunswick Association of Registered Nurses* was held on September 24 and 25, 1940. Revised by-laws were adopted to conform to the new Act of Registration. Progress was reported in (1) meeting requirements of the Proposed Curriculum; (2) inspection of schools of nursing; (3) introduction of eight-hour day for nurses; (4) study of minimum qualifications for public health nurses. Plans were made for first aid and A.R.P. classes. The names of Sections were changed to conform with decisions made at the general meeting of the C.N.A. The majority of private duty nurses are enrolled for military service; unemployment notably decreased in some districts. An annual scholarship ($250.) is to be continued. A donation of $150. was made to the Lord Mayor's Fund of London, England.

Each branch of the *Registered Nurses Association of Nova Scotia* received a copy of the letter from the General Meeting of the Canadian Nurses Association, relative to war effort by nurses. Each branch was asked to compile lists of all nurses as suggested by the C.N.A. The Provincial Premier, the Minister of Health, and the Commissioner of St. John Ambulance Association were assured of the desire of the R.N.A.N.S. to co-operate in all war work. A committee has met with a representative of the St. John Ambulance Association to discuss plans for future co-operation. Miss Muriel J. Graham, registrar, corresponding secretary and treasurer, has been granted leave of absence for "the duration", and Miss Jean C. Dunning appointed to act during the former's absence.

The Districts of the *Registered Nurses Association of Ontario* are organizing courses in first aid and emergencies, including A.R.P. The president is a member of the Advisory Committee of the Ontario Civilian Defence Committee (A.R.P.) and the secretary-treasurer is a member of the Medical Services Committee. A recent service enrolment of graduate and practical nurses, undertaken by the Ontario Department of Health, will be of valuable assistance to the Ontario Civilian Defence Committee. A committee is to deal with distribution of

the Guidance Pamphlet (C.N.A.). Contributions to the Ontario Nurses War Fund had reached over $9000. by October 15. Five loans from the Permanent Education Fund were granted during 1940.

The *Registered Nurses Association of Prince Edward Island* has organized first aid classes (St. John Ambulance Association), each with a large enrolment.

The organization of first aid courses was launched by the *Registered Nurses Association of the Province of Quebec* by two radio broadcasts; also all hospitals, public health units, registries and local groups of nurses were circularized. Three members, two French and one English speaking, holding the instructor's certificate, St. John Ambulance Association, are to conduct first aid courses throughout the province at the expense of the A.R.N.P.Q. Plans are underway for the study of the Supplement to the Proposed Curriculum which has been translated and published in French. The Guidance Pamphlet also was translated and distributed. The names of the Sections were altered to conform to changes made by the C.N.A.

The *Saskatchewan Registered Nurses Association* has organized classes in first aid (St. John Ambulance Association) and has recommended to each school of nursing the same course for student nurses. The present enrolment of nurses is being extended in order to be ready for any emergency. Groups have been formed to study the Supplement to the Proposed Curriculum.

Unemployment Insurance

In July last the question of the advisability of nurses being included in an Unemployment Insurance Plan was referred to the provincial associations. The opinion of three associations was submitted to the Executive Committee. The Registered Nurses Association of British Columbia and the Registered Nurses Association of Ontario do not think it is advisable at present for nurses to be included in the Federal Unemployment Insurance Act. The New Brunswick Registered Nurses Association in annual meeting asked the various Chapters to devote a meeting to consideration of the Act, also that the General Nursing Section attempt to secure the opinion of private duty nurses on this Act.

National Joint Committees on Enrolment

A meeting of the National Committee on Enrolment of Nurses for War and Emergency Service was held recently in Toronto. The newly appointed representatives of the Canadian Nurses Association were present. These members are Miss F. H. M. Emory, Miss Marion Lindeburgh, and Miss F. Isabel McEwen. The Canadian Red Cross Society representatives are Mrs. H. P. Plumptre, Miss Jean Browne, and Dr. J. T. Phair. Miss Emory was appointed chairman and Miss Browne secretary for the ensuing two years.

The advisability of enlarging the scope of Provincial Joint Committees to include the enrolment of another class of nurses had been referred to the Committee by the Canadian Nurses Association. It was decided that the matter of enrolling names of those not already eligible should be referred to the C.N.A. as to the eligibility of the people to be enrolled, and also that the

C.N.A. definitely state the particular service for which they would be eligible, i.e., war, war and disaster, disaster, home defence.

Discussion of the question of retaining on the active enrolled list the names of Canadian nurses who have been resident in some other country for over one year resulted in the decision that if those nurses retain their British nationality, and keep up their standing with their Provincial Association, they should remain on the actively enrolled list.

As both the Canadian Nurses Association and the Canadian Red Cross Society have affirmed their desire to continue the National Joint Committee on Enrolment, the following resolution was adopted:

1. That the National Joint Enrolment Committee continue its original function of acting as a liaison between the Canadian Nurses Association and the national military authorities.
2. That the enrolment of nurses for war and disaster be continued in the same way as we have been proceeding since the formation of the Committee.
3. That the Committee should be on the alert for any deviation from the policy accepted by the military authorities in the appointment of nursing personnel for military duty in any of the services.
4. If the Canadian Nurses Association decide that they wish to have nurses not now eligible, on account of non-membership in their Provincial Association, added to the roll for service in Canada, it will be the duty of the Committee to initiate a new category.
5. That the Committee deal with any matter, during the war period and subsequently, of mutual concern to the Canadian Nurses Association and the Canadian Red Cross Society.

A tribute of praise and appreciation was paid Mrs. Plumptre for the splendid way in which she had chaired this Committee from its early formation in 1926 right up to the present time.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Ontario:

A. A., Hamilton General Hospital, Hamilton	$5.00
District 6, Registered Nurses Association of Ontario	10.00
District 9, Registered Nurses Association of Ontario	10.00
Graduate Nurse Staff, Port Arthur General Hospital, Port Arthur	10.00
Graduate Nurse Staff, Toronto General Hospital, Toronto	50.00

Loans and Bursaries

At the General Meeting in 1940 of the Canadian Nurses Association, the Scholarship Award Committee was incorporated into the Florence Nightingale Memorial Committee. The functions of the latter Committee now are the collecting of funds until our pledge to the Endowment Fund (F. N. I. F.) has been met, and the allocating of loans and bursaries.

As Canada is one of the few member countries of the International Council of Nurses in which at present it is possible to keep alive an interest in the Florence Nightingale International Foundation, collection of funds will be continued until the pledge made in 1938 is fulfilled; that is, to contribute to the Endowment Fund $1250. annually up to and including the year 1942. For the duration of the war, all monies collected above the amount required to complete the C. N. A. pledge to the Endowment Fund are to be applied to loans and bursaries to be used in Canada. Additional funds for the

same purpose are to be derived from reserve capital and earnings from investments.

The Committee has not yet had time to formulate detailed plans in regard to loans and bursaries; however, the Committee members, realizing there may be several nurses who are planning to pursue post-graduate study or experience early in 1941, announce the following tentative plan: (1) That loans only will be offered for post-graduate study and experience in Canada until the end of August 1941; plans covering bursaries will be announced later on. (2) The maximum amount of a loan shall be five hundred dollars. (3) Repayment of the loan shall commence during the first six months (preferably, the first three months) in the year immediately following the receipt of the loan. (4) Security on the loan is to be posted by a bond, or by one or two guarantors. (5) If the recipient leaves the nursing profession for marriage, or any other reason, before repayment has been completed, the full balance owing shall be repaid immediately.

Requests for loan application forms should be sent to the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, P. Q.

O.N.S.A. News-letter

From Victoria, British Columbia, to Halifax, Nova Scotia, the seventeen member units of the Overseas Nursing Sisters Association report increased activities within their respective groups, war service being the key-note. While full details did not reach us in time for incorporation in this our first "news-letter", we are exceedingly happy to list the following friendly acts which speak for themselves and indicate that the old spirit of 1914-18 still lives. Financial contributions were made to the Lord Mayor's Fund, (London, England); the Canadian Legion campaign; the Canadian Red Cross campaign; for the Nurses in Finland; and for Home Defence. Other good deeds cover Christmas cheer and comforts for patients in military hospitals at home; Christmas cheer to our younger Sisters now on duty overseas; books, magazines, ping-pong tables, etc., for the use of the men preparing to leave for active service; and Red Cross work of all kinds, not forgetting our knitting.

We are happy to announce that our good friend, Miss Margaret MacDonald, has accepted the chairmanship of a committee of her own choosing whose purpose will be to record our wartime service, such contribution to be forwarded to the history of nursing committee of the Canadian Nurses Association for use when the findings of that committee are published.

I give you now a message from Miss May Tilton of Australia:

"Hello, Canada, Australia greets you." It was with these words that I greeted my first Canadian patient in the Great War when we were both giving our services overseas twenty-five years ago. Today a younger generation of both our countries will probably meet in the same way, fighting the same enemy for the same cause. What happy memories we retain of our Canadian friends for I was one of many, thrust upon the mercy of a fully staffed Canadian Casualty Clearing Station. How inconvenient it might have been we were not to know, for we received the warmest of welcomes — a touch of home in a hostile

world, which we left with a pang of regret when recalled to our own unit. Over six hundred of our number have married since these years and many now have sons and daughters in the King's uniform. Hundreds are engaged in child welfare and mothercraft and social service work; many have entered the teaching profession; commerce has attracted some; and others are engaged in agricultural and dairying pursuits. Those who remained in the army are working on the home front today, and all are doing their bit.

Recently we appealed for books and received 16,000, over 5,000 of which have already been sent overseas with our troops. We repair books, pack them and distribute them to many camps and have established an Army Nurses Comforts Fund which has attracted public attention and appreciation. We gave a farewell party recently to a group of Sisters about to leave for overseas. It seemed strange to see them in our mess uniforms, we felt we should be going too. After the party, one of our member remarked to a soldier in the lift of our building: "You are lucky to have such a young and pretty lot of nurses going overseas with you", but before he replied, up jumped the lift man (an old soldier) who exclaimed: "They are no younger or prettier than the Sisters who went with us". That soft spot for their own nurses still remains with our old soldiers, bless their hearts!

Sister Tilton and I have corresponded with each other since I discovered her wonderful book, "The Grey Battalion", which by the way, if any of you have not read, I would recommend that you do so.

We sincerely regret that two of our members have already been called upon to give a son for King and country, while several others are bearing sorrow in other ways. Personal grief and sorrow do not constitute a new experience for our members, we all understand what these things mean.

All Units were represented at their local Armistice Day ceremonies, and our group as a whole was represented in Ottawa by Miss Blanche Anderson, third vice-president of the Overseas Nursing Sisters Association of Canada, who placed our poppy wreath of remembrance.

E. Frances Upton,
Secretary-Treasurer, O. N. S. A.

Obituaries

Ruby C. Dore died on October 1, 1940, at the Fisher Memorial Hospital, Woodstock, N.B. Miss Dore was a graduate of the School of Nursing of the Saint John General Hospital, and a member of the Class of 1923.

Isobel A. Powell, one of the first trained nurses to practise her profession in New Brunswick, died recently in the Moncton General Hosptal. Mrs. Powell was a graduate of the School of Nursing of the Massachusetts General Hospital and of the Boston Lying-in Hospital. For the past twenty-five years she had lived in Dover and during those years her name became a household word for her loving care and attention to the sick among the people in the Dover and Memramcook districts, and she was loved for her self-denial and service to the people of the communities.

STUDENT NURSES PAGE

A Public Health Nurse is Born

GENEVIEVE MATHESON

Student Nurse

School of Nursing, The General Hospital, Port Arthur

Before we came in training we weren't even very sure what being a nurse meant, except that she cared for sick people in a hospital, and sometimes looked after them at home, and always looked very smart and charming—at least in the movies. Some of us had known the school nurse who came to the school periodically and made us say "aw", and other things, and then wrote all about us on her cards. But our ideas were pretty vague. Then after a few week's training, including some experience on the wards, we thought we had learned what nurses did. That was before we had the opportunity of spending a day with the public health nurses. After that, our understanding of what nursing may involve was much broader than it had been.

Arrangements were made for all our class to go, two each day, with the public health nurses of Port Arthur and Fort William. The day following her experience each student shared her observations and impressions with the other members of the class. Through schools, homes, and clinics we accompanied them and were all surprised to learn how much the nurse is able to do for school children. The daily inspection is a great incentive to little boys to wash their ears, because they soon learn that "the nurse" has a remedy for dirty ears. Pediculosis is less common now, but two of us did see one case and were quite amused at the proud manner in which the little seven-year-old started home with her card of directions for mother. The nurse in the school is able to detect early symptoms of communicable diseases and this helps a good deal in preventing epidemics. She also assists the doctor with immunization programs. The children are given talks on health, and suitable literature to read and take home. They are assisted in practising health as well. Those who need it are given milk while at school and their physical disabilities are not only observed, but through the nurse arrangements are made for correcting them. We saw how the nurse entered the homes and explained to the mothers the importance of good health habits in the prevention of disease. Because of her visits, many cases of illness are seen by the doctor at an earlier stage, when he can treat them most effectively. Sometimes, when parents are ignorant, the nurse needs great stores of patience and a real vision of the true worth of her work.

On entering one home the whole interior was laid bare to us at once. The furniture consisted of an uncovered wooden table, three rickety chairs, one rag-strewn bed, and the inevitable crib. The grimy-faced children peeked at us as they clutched their mother's skirt. Evidence of the morning meal lay scattered on the table—a can of jam and a loaf of bread. The incongruous note in this desolation was a brand new radio, precariously perched on a rickety box, blaring forth a soap advertisement. The task here was to persuade careless parents to have their children's teeth attended to. The nurse said it wasn't her first call for that purpose but it took time to convince them how important it really was. Many families are aided through the efforts of organizations, such as the Kiwanis Club, and the public health nurse is a great help to them in deciding how their money may be wisely spent. In one day we saw arrangements made for one child to obtain glasses, another to have a tonsillectomy performed, and two more to receive the dental care they needed.

Then there was the visit in Jimmy's home. Jimmy was a lively little boy of three, suffering from diabetes. His mother was having great difficulty in managing him. He fought against his insulin, and sulked and wouldn't eat. The nurse talked with the mother, advising her how she might try to overcome these personality difficulties, and suggesting substitutions to make his diet more attractive. Jimmy's mother seemed very grateful for this opportunity to talk to someone who could offer useful suggestions.

Another phase of public health most interesting to us was the work of the public health nurse connected with the Sanatorium at Fort William. Her chief work is with patients discharged from the Sanatorium and with contacts. We accompanied her to the home of a little girl suffering from tuberculosis of the spine. The child's condition was discovered by the doctor while the children were being given the tuberculin test at school. Previously, this child had been receiving chiropractic treatments, and it was the task of the nurse to explain to the parents the care which Molly should really be having. Although the mother spoke no English, she was most co-operative and promised to follow the instructions which her daughter translated to her. Some weeks later, Molly was admitted to our hospital. Of course we were specially interested in her because of our previous acquaintance. We also saw arrangements being made for the homecoming of a child who had spent several months in the Sanatorium. Her home was very poor, and it was taken for granted that she would sleep in a bed already shared by three children and the mother. The public health nurse took the situation in hand and another bed was procured.

The Clinic was something new to us also. Two we were fortunate to visit were the tuberculosis clinic and the venereal clinic. Here the nurse assists the doctor and does a great deal to keep the patients coming regularly for treatment. We learned, too, how people who are not in good health may be enabled, through the clinic, to carry on in their homes and thus not require hospital care.

After we had all had our day's experience, we were asked to make a list of the ways in which this opportunity had seemed most valuable to us, and this was our answer: we learned of the great number of nationalities in these two cities of Port Arthur and Fort William, and of the problems this involves. It was brought home to us how unthinkingly we accept our own environ-

ment, forgetting the underprivileged. Some of these people are poverty-stricken because they are shiftless, others through no fault of their own. After seeing some of these homes, it is easier to understand why people in adverse circumstances neglect their health. Many of the diseases amongst children are caused from improper food, unsuitable clothing, lack of cleanliness, and insufficient rest. Realizing the environment from which some of our patients come, makes us able to understand their fear of the hospital and the importance of calming these fears and making them feel at home. The nurse in the hospital can help a great deal by her example and teaching. She also knows what sort of home the patient is going to on discharge, and can more adequately advise in regard to his further care. Perhaps the greatest impression we gained was of the importance of the prevention of disease, and how much the nurse can accomplish in this way for the betterment of mankind.

Our time with the public health nurses will always be a memorable experience. We enjoyed every minute of it, and then and there several new public health nurses were born! Good health, patience, enthusiasm, and understanding of others, seemed to us some of the qualities which a nurse must possess if she desires to fit herself for work such as this.

Miss Mona Wilson Goes to Newfoundland

Miss Mona Wilson, director of public health nursing in Prince Edward Island, has recently been appointed by the Canadian Red Cross Society as its representative in Newfoundland. The public health department has granted her indefinite leave of absence, and she has already assumed her new duties. Miss Wilson came to Prince Edward Island in 1922 as chief nurse under the Red Cross Society and, with a limited staff, did pioneer work in the field of public health nursing. The work accomplished during these first years clearly demonstrated that the Province must augment the splendid effort begun by the Red Cross Society, and in 1931, the department of public health came into being. The staff of Red Cross nurses formed the nursing division in the newly-created department with Miss Wilson as supervisor, and the ever-increasing demands on this division proved the value of its work.

Miss Wilson received her professional training in the Johns Hopkins Hospital School of Nursing and, following her return from active service in the Balkans with the American Red Cross Society, took a post-graduate course in public health nursing in the University of Toronto School of Nursing. In 1932, the Rockefeller Foundation awarded Miss Wilson a scholarship which enabled her to make a study of public health activities in Massachusetts and New York. Her excellent work in the field of public health nursing was fittingly recognized in 1935, when she was appointed a Member of the Order of the British Empire. Miss Wilson has always taken an active interest in all matters pertaining to nursing, and has served as president of the Prince Edward Island Registered Nurses Association, and as chairman of the public health section. Her clear vision and sane outlook have made her a valuable member of her profession. At this time, when Britain needs the very best that her people can give, Prince Edward Island gives Miss Wilson, knowing that her sound judgment and organizing ability will bring comfort and cheer to the Canadian Forces stationed in Newfoundland, and that she will be a worthy representative of the Canadian Red Cross Society.

— *Ina G. Gillan*

Victorian Order of Nurses for Canada

The Victorian Order of Nurses for Canada takes pleasure in announcing the appointment of *Miss Christine Livingston* to the National Office staff. Miss Livingston was on the staff of our Montreal Branch and recently relieved for six months as nurse-in-charge of our Moncton Branch. She is a graduate of the School of Nursing of the Hamilton General Hospital and, having received a scholarship from her hospital, took the course in public health nursing at the School of Nursing, University of Toronto. She has had a broad experience in nursing, having been employed with the Department of Public Welfare, Hamilton; the Social Service Division of the Out-Patient Department of the Hamilton General Hospital, and the Department of Public Health, Hamilton.

Miss Elsie Cropper, a graduate of the school of nursing of the Victoria Hospital, London, and of the public health nursing course at the University of Western Ontario, has been appointed to the Border Cities staff.

Miss Dorothy Lemery, a graduate of the school of nursing of the Moose Jaw General Hospital and the public health nursing course at the school of nursing, University of Toronto, has been appointed to the staff of the Saskatoon Branch.

Miss Georgina Carr, who has been on leave of absence, has returned to the Peninsula Branch.

Miss Georgina Byers has been transferred from the Halifax Branch to take charge of the branch at Sackville.

Miss Helen Waring has been transferred from the Peninsula Branch to take charge of the branch at North Bay.

Miss Elizabeth MacLean has been transferred from the Ottawa Branch to take charge of the branch at Kentville.

Miss Dorothy Fowler has been transferred from the Kentville Branch to take charge of the branch at Sydney.

Miss Helena Costello has resigned from the Montreal Branch and from the Victorian Order of Nurses.

Miss Marion Kidney has resigned as nurse-in-charge of the Carleton Place Branch and is on leave of absence from the Victorian Order of Nurses for Canada.

Miss Catherine Lawlor resigned from East York Branch to join the Royal Canadian Army Medical Corps and is attached to Toronto Military Hospital.

Miss Opal Shaw resigned from the Liverpool Branch and is on leave of absence from the Victorian Order of Nurses for Canada.

METROPOLITAN NURSES REGIONAL CONFERENCE

The annual Regional Conference for Metropolitan Nurses throughout Canada was held recently at the Mount Royal Hotel, Montreal. On the day previous to this conference a meeting was held for Metropolitan supervisors and head nurses. This was presided over by Miss Alice Ahern, assistant superintendent of nursing, and conducted by Miss Margaret Reid, educational director of the Metropolitan Life Insurance Company, New York. The program for the first day of the conference consisted of a study of "quality of service" — of what might be done to get the public to use available medical and health resources. On the second day the "technique of the interview" was discussed. Papers on the subjects under discussion were given by three of the English and three of the French nurses, and proved to be both interesting and stimulating.

On the first evening a buffet supper was given by the Metropolitan Nurses Association of Montreal, and presided over by Miss Alice Gallant. Representatives of various

nursing organizations throughout Montreal were invited, and among those present was Miss Margaret Moag, District Superintendent of the Victorian Order of Nurses. A twenty-year Medal and Veteran's Pin was presented to Mrs. Elisabeth Masse, Montreal, and to Miss Jeannette Bolduc. The Misses Marie B. Morin of Hull, and Albertine Roberge and Antoinette Valiquette of Montreal, were recipients of fifteen-year Medals. All were presented with roses by their companions. As Mrs. Elisabeth Masse is a veteran of the last war, some of her sister veterans were invited in her honour. The "pièce de résistance" was Miss Ahern's showing of some beautiful kodachrome pictures of Niagara Falls and the Rockies, and incidentally a few taken of many outstanding nurses during the biennial meeting of the Canadian Nurses Association at the garden party on the grounds of the Central Alberta Sanatorium in Calgary.

— *Marie E. Cantin*

IN SPITE OF AIR RAIDS

In spite of air raids, the British nurses carry on with unshaken courage and devotion. The *Journal* is indebted to Miss Frances Goodall, secretary of the Royal College of Nursing, for permission to publish these brief notes which show that even under fire the College remains at the post of duty:

The buildings of the Royal College of Nursing have been more fortunate than others of their size in Oxford Street area and, though compulsorily evacuated for a short period, were in use again in time for the recent Council meeting (conducted during a daylight raid). The sight of so many homeless women and children already taking up their positions for the night in tubes and other underground shelters must have lent point to the Public Health Section's report on the work it had been doing in this connection. A Council member, accompanied by the secretary of the Section, has spent much time visiting London's rest and feeding centres, shelters and underground railways. Through their joint efforts a nurse has already been installed in one of the largest centres in Kentish Town and, from the data collected, the Section forwarded a memorandum of observations and recommendations for Mr. Willink, the London Commissioner, with copies to the Minister of Health and his Parliamentary Secretary.

It is urgent that steps be taken to avoid the risk of epidemics spreading through the shelters before winter intensifies the problem. There are the regular frequenters, but a proportion of the "rest shelter" population is merely seeking temporary accommodation. Some are waiting until time bombs have been dealt with in the vicinity of their homes; others hope to be evacuated to the country or to other parts of London. But there will always be a residue who cannot or will not leave the bombed areas and their presence under present conditions constitutes a potential danger to public health. The Royal College of Nursing is urging the establishment of a twenty-four hour service of trained nurses in all refugee centres. These nurses would be a godsend, for instance, to the London Passenger Transport Board whose officials, naturally, cannot undertake the welfare work entailed by the use of tube stations as shelters.

Endless public health problems have arisen in connection with the present air raids and, as the raids are likely to continue, the College Council urges the appointment of a public health nurse of standing and experience at the Ministry of Health, to correlate the resultant services as they arise. Such an official entrusted by the Government with this work would prove her worth at once.

THE SERVICE OF REMEMBRANCE

On November 11, the usual Service of Remembrance was held at the Nurses Memorial in the Hall of Fame in the Parliament Buildings at Ottawa. This year, the Remembrance Day Ceremony took place at the National War Memorial, and the service at the Nurses Memorial immediately followed it.

Prayers were offered, and the Benediction given by the Rev. Northcote Burke, of St. John's Anglican Church. Baskets of flowers and wreaths of poppies were placed before the Memorial on behalf of the Canadian Nurses Association; the Overseas Nursing Sisters Association; District 8, Registered Nurses Association of Ontario; the Ottawa Unit, O. N. S. A.; the Alumnae Associations of St. Luke's Hospital, the Lady Stanley Institute, the Ottawa General Hospital, and Miss Flora Scrim.

Representatives were present from the various Alumnae Associations in Ottawa, and from the staffs of the hospitals. The Overseas Nursing Sisters Association was largely represented and many Nursing Sisters from the Ottawa Military Hospital were also in attendance.

A TIMELY REFRESHER COURSE

ELIZABETH EDWARDS

The refresher course recently held at the School of Nursing, University of Toronto, filled a pressing need at this time of national crisis. During the past year a great many nurses, both those who are practising their profession and those who are married and retired from active nursing, have been called on to organize and to teach Home Nursing in their communities. So many inquiries were received in regard to the most efficient method of giving this teaching, that the Ontario Division of the Canadian Red Cross Society asked the University School of Nursing to arrange a refresher course to meet the need. The number of registrations received from all parts of the Province was so large that two four-day courses were arranged, one from October 16 to 19 and the second the following week. The registration was unique in that about two-thirds of those enrolled were entered through the Ontario Division and the Toronto Branch of the Canadian Red Cross Society. Practically all these graduate nurses are married, and are teaching home nursing groups in their several communities. The rest of the enrolment was comprised of those doing public health nursing or hospital work in Toronto and the Province. Those taking the Course came from as widely separated centres as Windsor, Owen Sound, Aurora, Orillia, Callander, Sudbury, Brockville, Arnprior, and Ottawa.

The course consisted of lectures, demonstration classes, and discussions. Lectures on the psychology of learning by Dr. Myers, of the Psychology Department of the University of Toronto, were particularly interesting and of a very practical nature; those on the principles of teaching by Miss Russell, Director of the School of Nursing, were also helpful, dealing with the actual steps taken in preparing to teach a series of classes. Other lectures were given on recent medical research and emergency nursing, by Dr. Boyd and Dr. Couch respectively, both from the medical staff of the University of Toronto. Dr. Boyd spoke of the latest findings in connection with virus diseases. He dwelt also upon deficiency diseases, such as alcoholic neuritis and chronic diseases of the nervous system, both found to be due to a vitamin deficiency.

Dr. Couch in his lectures on emergency nursing pointed out that air raids in Canada are by no means an impossibility and the nurses of the Province must be prepared to meet emergencies if they arise. He stressed the fact that one of the greatest contributions the nurse can make to her country in this war of nerves, is a leavening influence in keeping up the spirits of those around her. Panic can have no place in the attitude or action of those in the nursing and medical professions.

In the first of the two courses the demonstration classes were taught to a small group of lay people by Miss Helen Dunn, who is in charge of the Nursing Division of the State Department of Health of Maine. Miss Dunn has had an active part in the teaching of home nursing under the American Red Cross for many years; six demonstrations and discussions which followed them were valuable in solving many of the difficulties encountered in organizing and teaching this subject to lay groups. During the second course, the demonstration classes were given to a new group of lay pupils. This time the teaching was done by members of the staff of the University School with the help of Miss McKay of the Toronto Hydro Electric Commission.

Afternoon tea was provided for the nurses at the Red Cross Headquarters on the first afternoon. This not only served the purpose of bringing the students together for an informal interchange of experience in their various communities, but also gave an opportunity to find out at first hand about the work of the Ontario Division of the Canadian Red Cross Society.

The four days were felt by all to be time well spent; the lectures, demonstrations, and discussions periods suggested practical solutions to many of the war-time problems being faced by nurses throughout the Province. They also demonstrated the part which this activity should play in the conservation of national health. More efficient service to over a hundred communities will be the result of these refresher courses on the teaching of home nursing.

BOOK REVIEWS

NURSES HANDBOOK OF OBSTETRICS, by Louise Zabriskie, R. N., Director Maternity Consultation Service, New York City. Sixth edition, revised. 740 pages, including index. Illustrated. Published by the J. B. Lippincott Company; Canadian Office: Medical Arts Bldg., Montreal. Price, $3.00.

This textbook maintains at all points the high standards of its predecessors. Page-by-page comparison with the fifth edition reveals little change, but if the additions and revisions are few, they are interesting and significant. In her preface to the sixth edition, Miss Zabriskie notes "the development of a nation-wide interest in maternity welfare, and an unprecedented emphasis on prenatal care". These trends have become marked in the ten-year interval since publication of the 1st edition of her text, and provide the motivation for a changed emphasis in later editions.

Miss Zabriskie's strength lies in her consistent refusal to yield to the temptation of overemphasis on the complications of pregnancy, labour, and the puerperium. She has chosen rather to stress the normal aspects of these phases and the nurse's part in their successful management. This edition, like its predecessors, is truly a *nurses' handbook*.

The unit plan of presentation, recommended in the curriculum of the National League of Nursing Education, has been retained in this edition. A "self-evaluation test" has been added to the end of each unit. Further experience in the use of these tests would be required before unqualified approval of this particular method could be expressed. One of the attractive

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features of all of Miss Zabriskie's work in obstetrics is her generous and discriminating use of good illustrations, both photographs and diagrams. There are even more of these valuable aids to teaching in this edition than in former ones.

A section on the toxaemias of pregnancy, written by Dr. Myers Rosensohn of the Lying-In Hospital of the City of New York, outlines recent research in this important field, and includes a new classification of these disorders.

The chapter on newer developments contains authoritative information on recent advances in the knowledge of chemotherapy vitamins and other subjects intimately associated with the field of obstetrics. Comprising a separate section, the value of this revised chapter for reference purposes would appear to be admirable. Few obstetrical nursing texts give much definite concrete help to the nurse in the important fields of mental hygiene, nutrition and the aftercare of mother and baby in the home. Miss Zabriskie's wide experience enables her to make her chapters on these subjects vivid and intensely practical.

The author of this text is not content to leave with the student a narrowly circumscribed goal of perfection in obstetrical nursing techniques, important as this undoubtedly is. Her chapter on the maternity situation challenges the student to an interest and participation in the broad problems of maternal welfare. Used alone, or in conjunction with other obstetrical texts, the Handbook cannot fail to add materially to the nurse's equipment as she studies the subject of obstetrics in general, and in particular seeks to discover her own vital relationship to the welfare of mother and baby.

DOROTHY M. PERCY,
Senior Clinical Instructor,
School of Nursing,
University of Toronto.

A TEXTBOOK OF PSYCHIATRY, by Arthur P. Noyes, M. D., Superintendent, Norristown State Hospital, Pennsylvania; and Edith M. Haydon, A.B., R.N., Superintendent of Nurses, St. Elizabeth's Hospital, Washington, D.C. Third edition, revised. 306 pages. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price $2.75.

This book constitutes the joint effort of a psychiatrist and a psychiatric nurse to provide a helpful presentation of the principles and techniques of mental nursing. By way of introduction, there is an admirably lucid discussion on the mind, its development, and purpose; the motivating causes of behavio ur; conscious and unconscious mental processes; mental mechanisms and motives. While over-simplification is avoided, the context of these chapters is so clear and so well expressed that the student cannot fail to be interested at the outset. Considerable attention is given to the various forms of shock treatment, and the nurse's share in safeguarding the patient is carefully outlined. Some practical suggestions are given concerning the nursing care of patients suffering from epilepsy and alcoholism. The various neuroses are described briefly and there is an excellent chapter on psychoanalysis.

NEWS NOTES

ALBERTA

CALGARY:

The following officers have recently been elected to serve during the coming year by Calgary District No. 3, Alberta Association of Registered Nurses: Chairman, Miss K. Connor, Central Alberta Sanatorium; vice-chairman, Miss C. Feisel, Holy Cross Hospital; secretary, Miss M. Richards, Holy Cross Hospital; treasurer, Miss M. Watt, City Health Department; conveners of sections: hospital and school of nursing, Miss J. Connal, General Hospital; public health, Miss A. V. Dick, City Health Department; general nursing, Miss D. Cannon, General Hospital.

EDMONTON:

University of Alberta Hospital:

The Alumnae Association of the University of Alberta Hospital held its first meeting of the season with the new officers in charge. The following officers have been elected to serve during the coming year: President, Mrs. D. Payment; vice-president, Miss S. Greene; recording secretary, Mrs. A. Ward; corresponding secretary, Mrs. S. Graham; treasurer, Miss D. Wright; executive committee: Mrs. W. Slean, Miss K. Chapman, Miss B. Fane, Miss D. Haycock. A very interesting talk by Miss R. Kieller on modern trends in nursing closed the meeting.

LETHBRIDGE:

A meeting of District 8, Alberta Association of Registered Nurses, was held at St. Michael's Hospital with a very large number in attendance. After the business meeting a most pleasurable hour was spent viewing the sights of beautiful Waterton from lantern slides shown by Dr. D. B. Fowler. A vote of thanks was tendered by the president, Mrs. R. Niven. The Sisters of St. Michael's then served a delightful lunch.

The staff of St. Michael's Hospital, Lethbridge, presented Miss Merva Haggen with a floor lamp upon the occasion of her marriage.

Married: Recently, Miss Merva Haggen to Mr. R. McGuire.

BRITISH COLUMBIA

VANCOUVER:

The Registered Nurses Association of British Columbia held a general meeting on October 18 in the Hotel Georgia, Vancouver, with Miss Margaret Duffield, president, in the chair. At the afternoon session Miss Helen Randal, R.N., Registrar and Inspector of Training Schools, spoke on unemployment insurance.

Miss L. Holland, Chief Inspector of Welfare Institutions, gave her report, as convener of the Committee on Districts and Chapters, which showed the work of the committee completed, and the appointment of Miss Kathleen Sanderson, Vancouver, as advisory organizer. Miss G. M. Fairley, director of nursing, Vancouver General Hospital, spoke on V.A.D. training in Canada. At the evening session, we were fortunate to have as guest speaker Dr. W. L. Gliddon of Ottawa, A.R.P. chief for Canada, who outlined the work of the A.R.P. in Canada. Major S. F. M. Moodie of Vancouver, Provincial Civilian Protection Officer, spoke on the organization of A.R.P. in British Columbia. Mr. Robert T. McDonald of the Department of Extension and Study Groups, University of British Columbia, gave an interesting and stimulating talk on organizing and conducting discussion groups. Mr. McDonald also acted as chairman of a brief open forum.

Miss Margaret E. Kerr, M.A., R.N., Department of Public Health, University of British Columbia, reported on the organization of study groups for nurses in Vancouver, the organization of some groups being almost completed. This is the result of the work done by the core committee, appointed at the refresher course, on supervision in nursing, held in Vancouver and Victoria, during the past Summer, and directed by Miss Marion Lindeburgh, M.A., R.N., School for Graduate Nurses, McGill University.

Miss Mary Henderson, B.A.Sc., graduate of the University of British Columbia, has returned from post-graduate work at the University of Toronto. Miss Henderson is now supervisor of Metropolitan Health Unit No. 3, Vancouver. Miss Isobel Chodat, B.A.Sc., graduate of the University of British Columbia, and a member of the staff of the Metropolitan Health Committee, Vancouver, has received a scholarship for post-graduate work at Columbia University.

The Vancouver Graduate Nurses Association recently held a successful bridge, the proceeds being for war efforts.

NELSON:

At the recent annual meeting of the Nelson Registered Nurses Association, the president, Miss Helen Tompkins, gave a very interesting report. The pledge of $10. to the Florence Nightingale Memorial Fund was fulfilled. Miss Tompkins attended, as a delegate, the annual meeting of the British Columbia Registered Nurses Association. Considerable interest has been shown by the members of the Association in Red Cross work.

By means of a sale of novelties the Association was able to donate $50. to the Nelson & District Bomber Fund and $15. to the Red Cross.

Miss Vera Eidt and Miss Ethel Smith, members of the Association, attended the meeting of the Canadian Nurses Association. Miss Eidt acted as the provincial delegate.

Miss M. Patterson and Miss Nancy Dunn, members of the Association, attended the refresher course on supervision in nursing held in Vancouver, directed by Miss Marion Lindeburgh, M.A., R.N., School for Graduate Nurses, McGill University.

The financial report for the year 1939-40 showed receipts amounting to $294.50 as compared with $86.98 for the year 1934-35. We wish to congratulate the Nelson Registered Nurses Association on what they have accomplished during the last year and wish them continued success.

Married: Recently, Miss Alvira Bruhn (Metropolitan Health Committee, Vancouver) to Mr. Maxwell Patterson.

MANITOBA

WINNIPEG:

Winnipeg General Hospital:

The following appointments have been made to the staff of the Winnipeg General Hospital: Miss K. Brandon, Miss June Smith, Miss Beryl Seaman, Miss Olive McAuley, and Miss Helena Reimer.

Miss Margaret Hart (W.G.H., 1928) has recently obtained the degree of Bachelor of Science in Nursing at Columbia University and has accepted a position as educational director of the Manitoba Department of Health and Public Welfare.

Miss Margaret Warren and Miss Marion Hinde have recently entered upon a post-graduate course in the Manhattan Eye, Ear, Nose, and Throat Hospital, New York.

Married: Recently, Miss Verna Hillier (W.G.H., 1938) to Mr. John James Labelle.

Married: Recently, Miss Helen Miller (W.G.H., 1935) to Mr. John Linford.

Married: Recently, Miss Violet Virgin (W.G.H., 1936) to Mr. Lawrence Ball.

Married: Recently, Miss Ruby Brown to Mr. Lloyd Grenville Playfair.

Married: Recently, Miss Florence Diss to Mr. Wm. Higgins.

Married: Recently, Miss Rosalind Watson to Mr. Edward Brooke.

Married: Recently, Miss Beatrice Irene Casemore to Mr. Guy Arnott.

Married: Recently, Miss Eileen Nicholson to Mr. Robert Ross.

NEW BRUNSWICK

MONCTON:

The annual meeting of the Moncton Chapter, N.B.A.R.N., was held recently in the Moncton Hospital. An interesting report of the year's activities was read. Among the speakers heard during the year were Dr. Ewart, on orthopedic surgery; Dr. Baxter on A.R.P. work; Miss Trerice, R. N., on public health nursing in Newfoundland; and Miss J. Ralston on war work in the Y.W.C.A. It was also recorded that F. R. Sayer of the C. N. R., showed interesting motion pictures of Canadian scenery.

In addition to the practical work in co-operation with the Red Cross Society, the nurses have knitted 105 pairs of socks, 32 scarves, 23 sweaters, and 25 helmets. Several cartons of cigarettes were sent to the boys of the 8th Battery in England. There was also a donation of clothing for war refugees.

The following officers have been elected for the coming year: President, Miss Ethel Hillyard; vice-president, Miss Helen Howard; secretary, Miss Helen Arsenault.

Married: Recently, Miss Myrtle Tingley (M.H.T.S., 1935) to Mr. Herbert Robinson.

Married: Recently, Miss Elizabeth MacDiarmid (M.H.T.S., 1938) to Mr. John Johnson.

Married: Recently, Miss Anne Fawcett (M.H.T.S., 1934) to Mr. Lionel Foster.

SAINT JOHN:

The Saint John Chapter, N.B.A.R.N., at

its first meeting of the fall season considered the desirability of making a special effort to raise funds for war purposes. Miss Florence Coleman, the president, was in the chair, and Miss Margaret McGowan was elected treasurer succeeding Miss Miriam Fillmore whose resignation was regretfully accepted. Miss Fillmore is now on military duty.

Miss Alice Carney reported that many articles made by the members in the summer months had been given to the Red Cross Society. Miss Ella McCaffigan, delegate to the Women's Council, gave a report of the last meeting of that body. Miss Regina R. Reid, the secretary of the Chapter, was the delegate to the annual meeting of the N.B.A.R.N. held recently in Moncton. She brought back an interesting report, telling of the delightful time the delegates enjoyed, and the helpfulness of the program.

Miss Sally Turnbull, assistant instructress at Saint John General Hospital training school, has been called to active service. Other members of this district called to military duty are the Misses Elizabeth Burnham, Mary Squibb, Alice Stephens, Ella Meating, Gladys Crowley.

Married: Recently, Miss Bertha Colpitts (S.J.G.H., 1937) to Mr. William B. Cowan.

Married: Recently, Miss Evelyn Henderson (S.J.G.H., 1939) to Dr. Eric Howell.

Married: Recently, Miss Gladys Scovil (S.J.G.H., 1929) to Mr. Harry Douglas Booth.

Married: Recently, Miss Phyllis L. Lisson (S.J.G.H., 1938) to Mr. Kenneth L. Doherty.

Married: Recently, Miss Frances Munro (S.J.G.H., 1937) to Mr. Frederick D. Stirling.

Married: Recently, Miss Mary B. Davies (S.J.G.H., 1938) to Mr. William Warwick.

Married: Recently, Miss Ada B. Thompson (S.J.G.H., 1940) to Lieut. John S. Boyer.

Married: Recently, Miss Muriel Howard (S.J.G.H., 1928) to Mr. Charles A. Cromwell.

Married: Recently, Miss Dorothy Allaby (S.J.G.H., 1934) to Mr. Avery Boone.

Married: Recently, Miss Edna Jackson (S.J.G.H., 1940) to Mr. Robert Kent.

Married: Recently, Miss Alice Shaw (S.J.G.H., 1934) to Dr. Daniel J. Tonning.

ST. STEPHEN:

The regular meeting of the local chapter, N.B.A.R.N., was held recently at the Chipman Memorial Hospital, with Miss Aldana Leland presiding. Acknowledgement of the

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receipt of $455. towards equipment for the Canadian Hospital in England was sent by Miss Catherine MacLean. This gift was collected by the nurses, and a list of the contributors' names was read by Miss Cunningham. Miss Nellie Spinney gave a concise report of the annual meeting which she attended as a delegate from the Chapter.

The course of the St. John Ambulance Association in first aid has been organized by registered nurses here, and is being conducted by Dr. Herbert Everett.

Miss Myrtle Dunbar has been appointed public health nurse for St. Stephen and Milltown, succeeding Miss Jessie Murray.

NOVA SCOTIA

HALIFAX:

The Halifax Branch of the R.N.A.N.S., by way of preparation for an emergency, has arranged a refresher course for instructors of home nursing. This course will be valuable to all registered nurses, especially to those who have not been in active practice for sometime. By means of such a course, the Association will be able to supply qualified instructors for home nursing groups, and thus to train the many women who wish to take up this work. Since the outbreak of war, many classes in home nursing have been formed, and there is much enthusiasm in connection with this training. Colonel E. W. Mingo, of the St. John Ambulance Corps, says that there is a great demand for nurses who are qualified to teach this course. The refresher course has already commenced and the first lecture in the five-weeks series was held recently at the Dalhousie Public Health Clinic. Prof. A. S. Mowat, professor of education at Dalhousie University, is giving four lectures on princples and methods of teaching. These are followed by six conferences with nurse instructors who have already had home nursing. These instructors will then discuss the subject matter of the St. John Ambulance Association Home Nursing Manual, and will accompany the discussions with practical demonstrations. The course is open to all paid-up members of the Halifax Registered Nurses Association, without charge, and to other graduate nurses upon the payment of a fee of $1.00 for the course.

A successful and enjoyable meeting was held recently by the Halifax Branch of the R.N.A.N.S. at the Children's Hospital. The president, Miss Jane Hubley, was in the chair, and about 70 members were present. Donations from the Association of $50.

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each were voted towards the Red Cross and Community Chest Campaigns. Mr. J. B. Hayes, A.R.P. chairman, gave a most interesting talk on the organization of the first-aid posts in the city as set up by the air-raid precaution committee. This was followed by an earnest discussion by the members of the most effective forms of assistance that might be offered by the Association to the general war effort. The evening closed with a happy get-together and sing-song.

Halifax Infirmary:

The following nurses are now with the R.C.A.M.C.: Margaret Sherrman, Claire McKinnon, Elizabeth Kohnler, Mary MacDonald.

Married: Recently, Miss Almira Boudreau to Mr. William Carrol.

Married: Recently, Miss Gladys Brown to Lieut. A. Coolen.

Married: Recently, Miss Geraldine Murphy to Mr. John O'Neill.

Married: Recently, Miss Vivian Ratchford to Mr. T. Armstrong.

Married: Recently, Miss Gertrude Holley to Mr. C. Balcom.

Married: Recently, Miss Evelyn Maynard to Mr. M. Furlong.

Married: Recently, Miss Dorothy Hallisey to Mr. R. Helig.

Victoria General Hospital:

Miss K. B. Harvey, a graduate of the Victoria General Hospital and former night supervisor, has been appointed Nursing Sister in the Royal Canadian Air Force. Previous to this appointment, Miss Harvey was for several years superintendent of the Soldiers' Memorial Hospital, Middleton, N.S.

ONTARIO

District 4

St. Catharines:

The quarterly meeting of District 4, R.N.A.O., was held recently at the Niagara Peninsula Sanitarium, St. Catharines. The meeting was largely attended. Miss Annie Boyd, the president, was in the chair. The speaker, Miss Marjorie M. Buck, of Simcoe General Hospital, gave an interesting address on the work of the registry committee on the formation and re-organization

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of registries. It is the aim of the committee to give to the nurses and community a placement service, which will meet the community's every need for nursing service.

The nurses of the general nursing section, St. Catharines, put on a clever little skit which demonstrated the principles of a community nursing register.

Miss Edna Moore, chief public health nurse of the Ontario department of health, was welcomed to the meeting, and spoke briefly.

Refreshments were served and a vote of thanks tendered to Miss McCort, superintendent of nurses of the Sanitarium, for her gracious hospitality.

DISTRICT 5

TORONTO:

Toronto Western Hospital:

The winter season of 1940-41 was officially opened for the Toronto Western Hospital Alumnae Association with the first meeting held in the Solarium of the Hospital on October 8. The year's activities were discussed, after which Miss Helen Young of the Toronto Library staff, gave a very interesting lecture. A social hour followed.

The annual autumn tea of the Alumnae Association of the Toronto Western Hospital was held on November 2. Miss Ellis, principal of nurses, and Miss Grace Paterson, president of the Alumnae Association, received the guests. The classrooms changed their customary dignity to accommodate the sale of candy, home cooking, and hand-made articles.

Miss Ellis recently entertained the Hospital Alumnae Association Executive at a tea in honour of the president, Miss Grace Paterson, R.C.A.M.C. The tea table was attractively centred with red, white, and blue flowers.

Wellesley Hospital:

The Alumnae Association of Wellesley Hospital recently held their opening fall meeting in the reception room which was appropriately decorated with flags and shields of the Wellesley Hospital crest. The president, Miss Grace Bolton, conducted the business of the meeting and reports from the war committees were read.

Miss Dorothy Powers reported that many knitted articles had been turned over to the British Navy and Miss Jean Harris said that knitted articles had been given to the Red Cross, this work being done by the active nurses. Mrs. Gordon Campbell, president of the Alumnae Association Auxiliary, which is made up of married graduates, re-

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ported that numerous dressings and knitted articles, and much hospital linen, had been contributed.

Donations were received with which to purchase Christmas boxes for our Nursing Sisters overseas. There was also a shower of clothing for children to be packed and sent to Miss Helen Cunningham, a Wellesley graduate who is in charge of fifty evacuee children in England aged from one month to five years. There was also a display of knitted and sewn articles, work done by the girls.

Mr. Walter Bowles, radio reporter for the Toronto Daily Star, was the guest speaker and gave a most interesting talk on unusual characters throughout Canada. Mrs. Gordon Campbell moved a vote of thanks to the speaker. Miss E. K. Jones, superintendent of nurses, announced that the Red Cross dressings will be made by undergraduates and active members of the Alumnae Association, Monday, Tuesday and Wednesday evenings in the residence.

At the close of the meeting a social hour was enjoyed by more than seventy nurses and friends.

The Wellesley Hospital now have eight Nursing Sisters serving in different fields in Canada and overseas. These nurses have all been presented with identification bracelets from the Alumnae Association. Miss Constance Tanner and Miss Harriett Pangman are serving overseas. Miss Helen Crease is in Halifax, Miss Delina Liggatt, Miss Rae Adams, Miss Louise Jamieson, and Miss Daisy Lodge are at the Toronto Military Hospital. Miss Rebecca Hepburn is at the Royal Military College, Kingston.

District 6

Chapter A:

The regular monthly meeting of Chapter A, District 6, R.N.A.O., was held recently in Belleville. The election of officers for the coming year was held and the same officers were re-elected with the exception of the convener of the nurse education section which was assumed by Miss Riddell, instructress of nursing at the Belleville General Hospital, and that of enrolment officer which was taken by Miss Gist in the absence of Miss Youmans.

Chapter C:

The regular monthly meeting of Chapter C, District 6, R.N.A.O., was held recently at Lindsay Memorial Hospital. Dr. Woodrow of Lindsay gave a talk on the prevention of infections of the ear, eye, and sinuses. Miss Reid discussed the advisability of forming a central registry for graduates and non-graduate nurses. The Alumnae Association of Lindsay Memorial Hospital has decided to form a central registry, and Miss Baker of London had previously visited Lindsay and had given valuable assistance in founding the registry. We shall look with interest to reports of further developments of this work.

District 7

Kingston:

District 7, R.N.A.O., recently held its quarterly meeting at Hotel Dieu Hospital, Kingston, with Miss Ann Baillie, chairman, presiding. Following the business meeting Dr. John Orr, Professor of Bacteriology, Queen's University, gave an enlightening address on gas gangrene, a subject in which he is especially interested and doing extensive research. An excellent report of the biennial meeting of the C.N.A. recently held in Calgary was presented by Rev. Sister St. Oswald of Hotel Dieu Hospital, Kingston. Later, tea was served by the gracious hostesses, the Rev. Sisters of the Hotel Dieu Hospital.

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With a membership of 365, District 7 contributed the sum of $1862.50 to the Ontario Nurses War Fund. Of this amount the Kingston student nurses gave $700. Their splendid contribution was the result of the united efforts of the students of the Ontario Hospital, the Hotel Dieu, and the Kingston General Schools of Nursing. They held a large and successful bazaar on the grounds of the Kingston General Hospital of which the net profit was $700. This was the Kingston student nurses' contribution to the Ontario Nurses war effort.

Nurses in District 7 who have not yet contributed to the Ontario Nurses War Fund, and who desire to do so, may send their contributions to the chairman of their Chapters, or to Miss Matilda Fitzgerald, treasurer of the Ontario Nurses War Fund Committee, 86 Bloor St. W., Toronto.

Kingston Chapter, District 7, R.N.A.O., recently held a meeting at the Kingston General Hospital. Plans were discussed for war work during the coming months. Miss Acton, instructress of nurses at the K. G. H., gave a demonstration of the many uses of the triangular bandage. Later, an enjoyable social hour was spent.

Married: Recently, Miss Margaret Stewart (K.G.H., 1931) to Mr. Victor Moore.

Married: Recently, Miss Sarah Louise Connell (K.G.H., 1937) to Mr. Kenneth Kennedy.

Married: Recently, Miss Doris Gray (K.G.H., 1935) to Mr. Roy Blay.

Married: Recently, Miss Evelyn Dempsey (O.H.B., 1935 - H.S.N., U. of T., 1937-38) to Mr. Carl H. Stangeby.

District 8

Ottawa:

The Lady Stanley Alumnae Association held a very successful tea and money shower in the Y.W.C.A. recently in aid of the Red Cross Society. The guests, numbering over 300, were welcomed by the president, Mrs. W. E. Caven, and the past president, Miss Mabel M. Stewart. Mrs. Joseph Howes, Mrs. Alex Cram, and Mrs. Reginald Gisborne were in charge of refreshments, Miss Mary Ingram was convener of the tickets, and Miss Edith Boothe was in charge of the sale tables.

Miss Violet Merritt and Miss Julia Prindiville have been appointed as Nursing Sisters with the R.C.A.M.C. and are at present stationed at Kingston, Ontario.

Married: Recently, Miss Ethel Webb (O.C.H., 1925) to Mr. Richard Morgan Smith.

Married: Recently, Miss Alma Lindsay (O.C.H., 1930) to Mr. Sidney Parsons.

Married: Recently, Miss Muriel Hambly (O.C.H., 1934) to Mr. William Ebin Taylor.

Married: Recently, Miss Eileen Compton (O.C.H., 1939) to Mr. Fenton Elliott.

Married: Recently, Miss Edith Larwill (O.C.H., 1939) to Mr. Gordon Currie.

District 9

GRAVENHURST:

The monthly meeting of the Muskoka Chapter was held at the Muskoka Hospital with Miss Barry Bowles presiding. The nurses were privileged to have Captain Heathcote, who is stationed at the prisoners'-of-war camp, address them on "The Intelligence Service". A report of the District annual meeting was given by Miss Bowles.

NORTH BAY:

The annual tea of the North Bay Chapter, R.N.A.O., was held recently at the Civic Hospital. Receiving the many guests were Miss Gertrude Johnston, chairman of the Chapter, and Miss Kay Delong of the Civic Hospital staff. This tea proved to be a success both socially and financially, and substantially increased the funds in the treasury.

Miss Helen Waring, Victorian Order nurse, has been appointed to succeed Miss Ruth Taylor who has recently accepted an appointment on the Hamilton staff.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Dorothy MacRae (M.G.H., 1927) has been appointed as Matron of No. 1 Canadian General Hospital, R.C.A.M.C., with Miss Nancy Kennedy-Reid as her assistant, and the following M.G.H. graduates are appointed as Nursing Sisters to the same Unit: The Misses Marion Blackler, Mary Bunbury, L. M. Burri, Grace Carter, Christine Cole, Elaine Cornish, Patricia De Merrall, Madeline Farmer, Joan Gray, Ida Henderson, Helen Hickman, Gertrude Lake, Edith Little, Isabel MacIver, Mary McLellan, Edith McQuisten, Dorothy E. Murphy, Muriel Patterson, Lillian M. Thompson, May Tracey-Gould, Doris Watson, Elaine Wright. Miss Roberta Harquail, formerly a pupil dietitian at the M.G.H., has been appointed as one of the dietitians with the same Unit.

Miss Dorothy Atkinson (M.G.H., 1940) replaces Miss Burri on the nursing service of the T. Eaton Company, Montreal.

Miss Margaret Dakin (M.G.H., 1938) has resigned from the staff of the Central

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Division to take a course in teaching and supervision at the School for Graduate Nurses, McGill University. Miss Catherine Armstrong (M.G.H., 1940) replaces Miss Dakin in Ward H. Miss Eunice Dolan and Miss Elizabeth Daly are taking a post-graduate course at the Alexandra Hospital. Miss Barbara Broadhurst (M.G.H., 1940) is on the staff of the Children's Memorial Hospital. Miss Barbara Eardley-Wilmot (M.G.H., 1938) has gone to Rouyn, P. Q., and is engaged in work in a doctor's office. Miss Constance Findlay (M.G.H., 1940) is taking a post-graduate course at the Montreal Neurological Institute.

Married: Recently, Miss Jean Young (M.G.H., 1937) to Mr. John Pullen.

Married: Recently, Miss Theresa Carmichael (M.G.H., 1938) to Mr. Charles F. M. Turfus.

Married: Recently, Miss Helen Pasmore (M.G.H., 1937) to Mr. William Hart.

Married: Recently, Miss Mary Waller (M.G.H., 1938) to Dr. Preston Robb.

Married: Recently, Miss E. M. Niles (M.G.H., 1936) to Mr. Ralph Shaw.

Married: Recently, Miss Beryl Worrall (M.G.H., 1935) to Dr. R .R. Strong.

Married: Recently, Miss Joan Trump (M.G.H., 1939) to Mr. David Playfair.

Royal Victoria Hospital:

Miss F. Munroe and the staff nurses recently entertained at tea in honour of Miss Olga Lilly, and the R.V.H. Nursing Sisters of No. 1 General Hospital, R.C.A.M.C., including Maude Brooks, Doris Carter, Rita Fulton, Gwendolyn Hopkins, Mary Maguire, Muriel Hearn, Marion Douglas, and Jean Byam. Miss Lilly has been a very valuable member of the teaching staff and her resignation is regretted by every one.

Mrs. E. G. D. Murray addressed the November staff meeting on the conservation and utilization of waste in war time. At the November meeting of the Alumnae Association the speaker was Dr. G. F. Stephens, who gave an interesting talk on health insurance and group hospitalization.

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Royal Victoria Hospital: Board of Directors: President, Miss E. C. Flanagan; first vice-president, Mrs. R. A. Taylor; second vice-president, Miss F. Munroe; recording secretary, Miss K. Stanton; secretary-treasurer, Miss G. A. K. Moffat; members without office: Miss B. Campbell, Mrs. P. Cranston, Mrs. R. Fetherstonhaugh, Miss G. Martin, Mrs. E. Paice, Miss E. Reid, Mrs. A. F. Robertson; conveners of standing committees: finance, Mrs. Fether-

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School for Graduate Nurses, McGill University:

Married: Recently, Miss Anne M. Walker (P.H., 1938-39) to Mr. Allen Morgan.

Married: Recently, Miss Margaret H. Parmenter to Mr. Hamilton V. DeBury.

QUEBEC:

Jeffery Hale's Hospital:

At a recent meeting Mrs. Morrow, wife of the Rev. Mr. Morrow, gave us an interesting talk on her nursing experiences amongst the people of Africa.

Miss E. Frances Upton was a guest of Jeffery Hale's Hospital during her recent stay in Quebec, and spoke to us at our November meeting on the plans for preparedness through refresher courses given in co-operation with the St. John Ambulance Corps.

Miss M. Cambon (J.H.H., 1939) has accepted a position on the staff of the Valcartier Military Camp Hospital.

SASKATCHEWAN

REGINA:

A recommendation by the private duty section of the Regina Registered Nurses Association abolishing the twelve-hour day and making the eight-hour day compulsory for private duty nurses in Regina, was adopted unanimously by the Association at the October meeting. These new regulations came into effect on October 15.

In keeping with the recommendation made by the Canadian Nurses Association and endorsed by the Saskatchewan Registered Nurses Association, the Regina Registered Nurses Association is sponsoring a first aid course under the auspices of the St. John Ambulance with sixty nurses registered.

SASKATOON:

Saskatoon City Hospital:

Married: Recently, Miss Ruth Catherine Cole (S.C.H., 1939) to Mr. D. H. Carter.

Married: Recently, Miss Pauline Hauk (S.C.H., 1933) to Mr. Hadley Von Vliet.

Married: Recently, Miss Bernice Damant (S.C.H., 1937) to Dr. Charles Brown.

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Although it is so far away and long ago . . . we like to think of the first Christmas Day we ever spent in Canada . . . It was on an Indian Reserve, ten miles from the nearest Hudson Bay Company fur trading post . . . The log house stood on a rocky point above the frozen lake . . . sheltered by pine trees against the bitter wind . . . Green birch logs flamed and crackled in the box stove, keeping the living room cozy and warm . . . Wreaths of cedar and mountain ash berries were pinned to the curtains, and the coal oil lamp had a blue bowl with a yellow shade . . . In one corner was a funny old piano, and in another a green sea-chest with rope handles . . . From the kitchen came a good smell of cooking . . . not turkey, just four plump partridges . . . enough to go round if eked out with generous helpings of baked wild rice and crimson chokecherry jelly . . . The plum pudding bubbled away in an iron pot, and in a frying pan was a little fish . . . caught that very morning by the youngest child through a hole in the ice . . . About noon the Hudson Bay officer arrived. riding in state behind a team of husky dogs and carefully nursing his precious violin . . . Then we all sat down to dinner, and when the meal was almost over there was a knock at the door and there stood Jean Baptiste, a French Canadian trapper, dressed in blanket coat and knitted tuque, very cold and hungry . . . The partridges were picked clean . . . but the youngest child proudly brought in his forgotten little fish, and with shining eyes, watched Jean Baptiste eat every bit of it before tackling a huge plate of plum pudding . . . After dinner, violin and piano struck up " O come all ye faithful" and we all sang . . . Then came the moment we children had been waiting for . . . Jean Baptiste produced his mouth organ and with a mighty flourish swung into "Alouette" . . . piano and violin followed suit . . . and we were all off at top speed in perfect time and rhythm . . . Soon it began to get dark, and with a great cracking of whips, the Indian drivers were back with the dog team . . . The Hudson Bay officer was wrapped up like a cocoon on the toboggan . . . Jean Baptiste jumped on the tail board . . . and away they went over the ice . . . Heedless of the cold, we stood at the top of the steep bank watching them until they were out of sight . . . "Marche, marche, marche", shouted the drivers . . . fainter and fainter came the sound of the sleigh bells . . . The frosty window panes glowed with yellow lamplight . . . the smoke from the chimney mounted straight into the evening sky . . . We went in and closed the door . . . This was our home . . . we had built it ourselves . . . The good food we had eaten came, most of it, from forest and lake and the garden in the clearing . . . We had even made our own music, on our first Canadian Christmas Day . . .
— E. J.

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THE CANADIAN NURSE

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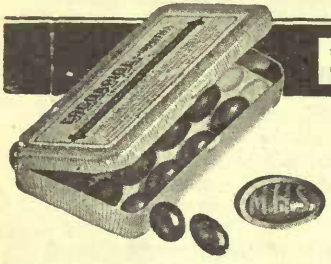

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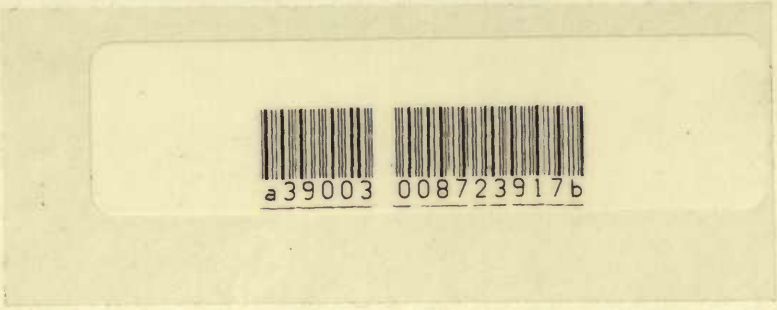
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